



**Child Care and Development Fund (CCDF) Plan**  
**for**  
**State/Territory Indiana**  
**FFY 2016-2018**

This Plan describes the CCDF program to be administered by the State/Territory for the period 6/1/2016 – 9/30/2018. As provided for in the applicable statutes and regulations, the Lead Agency has the flexibility to modify this program at any time, including amending the options selected or described.

For purposes of simplicity and clarity, the specific provisions of applicable laws printed herein are sometimes paraphrases of, or excerpts and incomplete quotations from, the full text. The Lead Agency acknowledges its responsibility to adhere to them regardless of these modifications.

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## Introduction and How to Approach Plan Development

Access to stable, high quality child care and early learning experiences improves the odds of success for two generations – parents and children - who rely on child care across the country. The Child Care and Development Fund (CCDF) provides resources to State, Territory, and Tribal grantees that enable low-income parents to work or pursue education and training so that they may better support their families while at the same time promoting the learning and development of their children. The CCDF also provides funding to enhance the quality of child care for all children.

On November 19, 2014, President Obama signed the bipartisan-supported Child Care and Development Block Grant (CCDBG) Act of 2014 into law (Pub.L. 113-186) ([https://www.acf.hhs.gov/sites/default/files/occ/child\\_care\\_and\\_development\\_block\\_grant\\_mark\\_up.pdf](https://www.acf.hhs.gov/sites/default/files/occ/child_care_and_development_block_grant_mark_up.pdf)). The law reauthorizes and significantly revises the purposes of the CCDF program and requirements for State and Territory grantees. The law establishes minimum child care assistance eligibility periods, health and safety standards and training requirements for providers, monitoring, consumer information and other components that when fully implemented will strengthen child care in this country and support child and family success.

States and Territories must comply with the provisions of the Child Care and Development Block Grant (CCDBG) Act, as revised by reauthorization. The Office of Child Care (OCC) has provided interpretive guidance on the new requirements of the law through Program Instructions or responses to Frequently Asked Questions, which are available at: <http://www.acf.hhs.gov/programs/occ/ccdf-reauthorization>. Pending the issuance of implementing regulations, States and Territories are to comply with the law based on their reasonable interpretation of the requirements in the revised CCDBG statute. Further Federal clarification through guidance and regulation is forthcoming. Once final rules are issued, any States and Territories that do not fully meet the requirements of the regulations will need to revise their policies and procedures to come into compliance, and file appropriate Plan amendments related to those changes.

**CCDF Plan Overview.** The Administration for Children and Families (ACF) re-designed the CCDF Plan to assist State and Territory grantees to plan for full implementation of the law. We recognize that the CCDBG Act of 2014 includes a significant number of changes, some of which are straightforward to implement, while others are complex and will be phased-in over several years. The level of effort needed for implementation will vary across the country depending on the number of changes a State or Territory needs to make. We encourage all States and Territories to take time to think systematically and consider large-scale changes to advance a coherent vision for their child care programs and achieve the goals of the reauthorization – that is, to improve the health, safety, and quality of child care and to improve low-income working families’ access to child care assistance and care that promotes child development. Some States and Territories will need time to enact changes through their legislatures or rulemaking processes. In addition, some requirements will take time to fully operationalize. ACF will work with States and Territories to ensure that adoption and implementation of these important changes are done in a thoughtful and comprehensive manner.

The Plan process continues to be the primary mechanism by which ACF will determine State and Territory compliance with requirements in the new law. The CCDBG Act of 2014 changed the Plan cycle from a biennial to a triennial Plan period; thus, this Plan will cover a 3-year period. (658E(b)) States and Territories are required to submit their FY 2016-2018 CCDF Plans by March 1, 2016, and approved Plans will become effective June 1, 2016. This Pre-Print will provide a tool for States and Territories to describe to ACF their implementation plans to:

1. Define CCDF Leadership and Coordination with Relevant Systems
2. Promote Family Engagement through Outreach and Consumer Education
3. Provide Stable Child Care Financial Assistance to Families
4. Ensure Equal Access to High Quality Child Care for Low-Income Children
5. Establish Standards and Monitoring Processes to Ensure the Health and Safety of Child Care Settings
6. Recruit and Retain a Qualified and Effective Child Care Workforce
7. Support Continuous Quality Improvement
8. Ensure Grantee Accountability

These organizational categories reflect key functions of an integrated system of high quality care for low-income working families. Although the Plan is divided into sections for reporting and accountability purposes, ACF encourages Lead Agencies to approach the Plan in a cross-cutting, integrated manner. The intention is that grantees and the federal government will be able to use this information to track and assess progress, determine need for technical assistance and CCDF Plan amendments, and ultimately determine compliance with specific requirements and deadlines.

For purposes of simplicity and clarity, the specific provisions of applicable laws printed herein are sometimes paraphrases of, or excerpts and incomplete quotations from, the full text. The State/Territory acknowledges its responsibility to adhere to them regardless of these modifications. The Plan contains definitions where provided by law. For terminology not defined in the law, some illustrative examples may be provided. These should only be considered examples, and not requirements, for purposes of responding. If no definitions are provided, States/Territories should respond based on their own definitions for those terms.

**CCDBG Implementation Deadlines.** In some cases, the CCDBG Act of 2014 specifies a particular date when a provision is effective. Where the law does not specify a date, the new requirements became effective upon the date of enactment and States/Territories have until September 30, 2016 to implement the new statutory requirement(s). ACF has determined that when a State or Territory cannot certify compliance with a specific requirement at the time of CCDF plan submission, the grantee must provide a State/Territory-specific implementation plan for achieving compliance with such provision(s). The implementation plan must provide sufficient information to support approval of the Plan for funding.

Specifically, as part of its implementation plan, States/Territories will be asked to describe:

- Overall target completion date (no later than appropriate effective date deadline)

- Current status for any requirement in this section (not yet started, partially implemented, substantially implemented, other) including describing progress to date for any requirements already implemented and listing any unmet requirements that are not yet fully implemented
- Specific steps (activities) you will take to complete implementation of the unmet requirement(s) (e.g., secure legislative or rule changes, modify agreements with coordinating agencies, etc.)
- Timeline for implementation including projected start date and end date for each step
- Agency/entity responsible for completing implementation of the goal/objective, and partners who will work with the responsible agency to complete implementation of the goal/objective.

We recognize that it will take multiple steps and interim activities toward complete implementation of the requirement. We have included spaces to allow respondents to outline those interim steps and associated timelines (projected start and end dates) for those interim steps to be outlined. A comprehensive summary of the topical implementation plans across sections will be generated electronically to facilitate monitoring of progress towards completion.

ACF will work with States and Territories to monitor progress towards achievement of these requirements and will conduct ongoing reviews of implementation plans until fulfillment of the requirement. As part of the ongoing reviews, States and Territories will be asked to complete regular updates to the implementation plan through the e-submission site. Upon completion of the implementation plan, the State/Territory will submit a Plan amendment to certify fulfillment of the requirement(s). These updates and amendments can be submitted at any time prior to the effective date of the requirement. For example, States and Territories may, and are encouraged to, submit amendments to certify compliance with requirements upon completion, but no later than the effective date of the requirements (refer to the Program Instruction on Effective Dates for these deadlines <https://www.acf.hhs.gov/programs/occ/resource/pi-2015-02> and corresponding timeline of effective dates <https://www.acf.hhs.gov/programs/occ/resource/pi-2015-02-attachment-timeline-of-effective-dates-for-States-and-Territories-ccdbg-act-of-2014>).

Lead Agencies can access a variety of federal technical assistance resources to support implementation of the new requirements at: <https://childcareta.acf.hhs.gov/ccdf-reauthorization>. In addition to these materials, States and Territories will continue to receive support through the Office of Child Care's Technical Assistance Network (CCTAN) to assist with implementation of the new law. ACF recommends reviewing these resources prior to starting and completing each section of the Plan.

**CCDF Plan Submission.** States and Territories will submit their Plans electronically through the ACF-118 electronic submission site. The ACF-118 site will include all language and questions included in the final CCDF Plan Preprint template approved by the Office of Management and Budget. Please note that the format of the questions in the ACF-118 site may be modified from the Word version of the document to ensure compliance with Section 508 policies regarding accessibility to electronic and information technology for individuals with disabilities (see

<http://www.section508.gov/> for more information). Until the final draft is approved, States and Territories may use the draft CCDF Plan preprint templates as they work to implement the new law. In responding to questions, States and Territories are asked to provide brief, specific summary text and/or bullet points only. Do not use tables or copy and paste charts, attachments or manuals into the Plan.

All information and materials developed to support CCDF implementation and information reported in the CCDF Plan are subject to review by ACF as part of ongoing CCDBG compliance monitoring efforts. . In cases where the CCDBG Act of 2014 did not change CCDF regulatory requirements (e.g., Public Hearing requirements), the CCDF regulations are still in effect and relevant questions are included in this Plan.

The CCDF Plan does not contain the Quality Performance Report (QPR) appendix included in previous Plans. The CCDBG Act of 2014 requires ongoing collection of some information that was included in the QPR. ACF will issue a separate information collection tool for public comment and approval linked to the CCDF Plan and updated based on the new requirements in the law.

## **1 Define CCDF Leadership and Coordination with Relevant Systems**

Implementation of the requirements of the CCDBG Act of 2014 will require leadership and coordination between the child care assistance program and other child- and family-serving agencies, services, and supports at the state and local levels. ACF recognizes that each grantee must identify the most appropriate entities and individuals to lead and participate in implementation based on the context within that State or Territory. This will include those that manage various components of CCDF-funded activities and requirements (fiscal, subsidy, health and safety monitoring, and continuous quality improvement) as well as other public and private partners.

This section collects information to help ACF understand the stakeholders convened and consulted to develop the Plan, where authority lies to make policy decisions and program changes, and who is responsible for implementing the blueprint for action the Plan describes. For example, the law requires that, at the option of the Tribes, State/Territory Lead Agencies must collaborate and coordinate with Indian tribes or tribal organizations in the State in a timely manner in the development of the CCDF Plan. ACF expects that new requirements in the law will necessitate that grantees build partnerships with other agencies and organizations to better link the children and families receiving financial assistance to information, services and resources regarding other programs for which they may be eligible, including developmental screenings for children, and other resources (also in section 2). In addition, States and Territories must describe how public-private partnerships are being used to increase the supply and quality of child care services.

### **1.1 CCDF Leadership**

The Governor of a State or Territory shall designate an agency (which may be an appropriate collaborative agency), or establish a joint inter-agency office, to represent the State (or

Territory) as the Lead Agency. The Lead Agency agrees to administer the program in accordance with applicable Federal laws and regulations and the provisions of this Plan, including the assurances and certifications appended hereto. (658D, 658E(c)(1))

1.1.1 Which Lead Agency is designated to administer the CCDF program?

Identify the Lead Agency or joint inter-agency office designated by the State/Territory. ACF will send official grant correspondence such as grant awards, grant adjustments, Plan approvals, and disallowance notifications to the designated contact identified here. (658D(a))

- ☐ Name of Lead Agency Family and Social Services Administration (FSSA)
- ☐ Address of Lead Agency 402 W Washington Street, Rm W361, Indianapolis IN 46204
- ☐ Name and Title of the Lead Agency Official Dr. John Wernert, Secretary
- ☐ Phone Number (317)233-4690
- ☐ E-Mail Address Dr.John.Wernert@fssa.in.gov
- ☐ Web Address for Lead Agency (if any) http://www.in.gov/fssa/2552.htm

1.1.2 Who is the CCDF administrator?

Identify the CCDF administrator designated by the Lead Agency, the day-to-day contact, or the person with responsibility for administering the State/Territory's CCDF program. ACF will send programmatic communications such as program announcements, program instructions, and data collection instructions to the designated contact identified here. If there is more than one designated contact with equal or shared responsibility for administering the CCDF program, please identify the co-administrator or entity with administrative responsibilities and include contact information.

a) Contact Information for CCDF Administrator:

Name of CCDF Administrator Melanie Brizzi

Title of CCDF Administrator Director, Office of Early Childhood and Out of School Learning (OECOSL)

Address of CCDF Administrator 402 W Washington Street, RM W361, Indianapolis, IN 46204

Phone Number 317-234-3313

E-Mail Address Melanie.Brizzi@fssa.in.gov

b) Contact Information for CCDF Co-Administrator (if applicable):

Name of CCDF Co-Administrator

Title of CCDF Co-Administrator

Phone Number



E-Mail Address

Description of the role of the Co-Administrator

c) Primary Contact Information for the CCDF Program:

Phone Number for CCDF program information (for the public) (if any) 1-877-511-1144

Web Address for CCDF program (for the public) (if any)

<http://www.in.gov/fssa/2552.htm>

Web Address for CCDF program policy manual (if any)

[http://www.in.gov/fssa/files/CCDF\\_Policy\\_Manual\\_v9-28-14\\_R9-18-14.pdf](http://www.in.gov/fssa/files/CCDF_Policy_Manual_v9-28-14_R9-18-14.pdf)

Web Address for CCDF program administrative rules (if any)

<http://www.in.gov/fssa/carefinder/2734.htm>

1.1.3 Identify the agency/department/entity that is responsible for each of the major parts of CCDF administration and the name of the lead contact responsible for managing this portion of the Plan.

- ☐ Outreach and Consumer Education (section 2):
  - Agency/Department/Entity OECOSL
  - Name of Lead Contact Melanie Brizzi
- ☐ Subsidy/Financial Assistance (section 3 and section 4)
  - Agency/Department/Entity OECOSL
  - Name of Lead Contact Melanie Brizzi
- ☐ Licensing/Monitoring (section 5):
  - Agency/Department/Entity OECOSL
  - Name of Lead Contact Melanie Brizzi
- ☐ Child Care Workforce (section 6):
  - Agency/Department/Entity OECOSL
  - Name of Lead Contact Melanie Brizzi
- ☐ Quality Improvement (section 7):
  - Agency/Department/Entity OECOSL
  - Name of Lead Contact Melanie Brizzi
- ☐ Grantee Accountability/Program Integrity (section 8):
  - Agency/Department/Entity OECOSL
  - Name of Lead Contact Melanie Brizzi

1.2 CCDF Policy Decision Authority

The Lead Agency has broad authority to administer (i.e., establish rules) and operate (i.e., implement activities) the CCDF program through other governmental, non-governmental, or other public or private local agencies as long as it retains overall responsibility for the administration of the program. (658D(b))

- 1.2.1 Which of the following CCDF program rules and policies are set or established at the State/Territory versus the local level? In other words, identify whether CCDF program rules and policies are established by the State or Territory (even if administered or operated locally) or whether the CCDF policies or rules are established by local entities (such as counties or workforce boards) setting those policies. Check one.

☒ All program rules and policies are set or established at the State/Territory level.

☐ Some or all program rules and policies are set or established by local entities. If checked, indicate which entities establish the following policies. Check all that apply.

☐ Eligibility rules and policies (e.g., income limits) are set by the:

☒ State/Territory

☐ County. If checked, describe the type of eligibility policies the county can set \_\_\_\_\_

☐ Other local entity (e.g., workforce boards, early learning coalitions). If checked, identify the entity (e.g. workforce board) and describe the type of eligibility policies the local entity(ies) can set \_\_\_\_\_

☐ Other. Describe \_\_\_\_\_

☒ Sliding fee scale is set by the:

☒ State/Territory

☐ County. If checked, describe the type of sliding fee scale policies the county can set \_\_\_\_\_

☐ Other local entity (e.g., workforce boards, early learning coalitions). If checked, identify the entity (e.g. workforce board) and describe the type of sliding fee scale policies the local entity(ies) can set \_\_\_\_\_

☐ Other. Describe \_\_\_\_\_

☒ Payment rates are set by the:

☒ State/Territory

☐ County. If checked, describe the type of payment rate policies the county can set \_\_\_\_\_

☐ Other local entity (e.g., workforce boards, early learning coalitions). If checked, identify the entity (e.g. workforce board) and describe the type of payment rate policies the local entity(ies) can set \_\_\_\_\_

☐ Other. Describe \_\_\_\_\_

☒ Other. List and describe (e.g., quality improvement systems, payment practices) payment practices, quality improvement system, professional development system rules and policies are set by the State/Territory

1.2.2 How is the CCDF program operated in your State/Territory? In other words, which agency(ies) implement or perform these CCDF services and activities and how will the State/Territory ensure that Federal CCDF requirements are fully implemented by other governmental or nongovernmental agencies. ACF recommends minimizing differences in eligibility or other policies across counties or other jurisdictions to ease family burden and confusion. Check all that apply and describe the services performed by the entity and how the State/Territory ensures accountability that federal requirements are fully implemented by other agency(ies).

a) Who determines eligibility?

- ☐ CCDF Lead Agency
- ☐ TANF agency. Describe. \_\_\_\_\_
- ☐ Other State/Territory agency. Describe. \_\_\_\_\_
- ☐ Local government agencies such as county welfare or social services departments. Describe. \_\_\_\_\_
- ☐ Child care resource and referral agencies. Describe. \_\_\_\_\_
- ☐ Community-based organizations. Describe. \_\_\_\_\_
- ☒ Other. Describe. The Lead Agency contracts with ten (10) community based non profit agencies (Intake Agents) around the state. Each of these nonprofit agencies has a specific region in which they are responsible for processing CCDF applications and authorizations.

b) Who assists parents in locating child care (consumer education)?

- ☒ CCDF Lead Agency
- ☒ TANF agency.  
Describe. The Lead Agency works with the Division of Family Resources to share Child Care Resource and Referral and Intake information with TANF clients needing child care assistance and help finding child care.
- ☐ Other State/Territory agency. Describe. \_\_\_\_\_
- ☒ Local government agencies such as county welfare or social services departments.  
Describe. The Lead Agency works with the local offices of the Division of Family Resources to share Child Care Resource and Referral and Intake information with clients needing child care assistance and help finding child care.
- ☒ Child care resource and referral agencies.  
Describe. The Lead Agency contracts with Child Care Resource and Referral agencies and the Child Care Resource and Referral Central Office (CCR&R CO) to help parents locate child care providers in their area that meet their needs.

☒ Community-based organizations.

Describe. The Lead Agency works with community based organizations around the state and through the CCR&R network and Intake Agents to share information with parents looking for child care providers.

☐ Other. Describe. \_\_\_\_\_

c) Who issues payments?

☐ CCDF Lead Agency

☐ TANF agency. Describe. \_\_\_\_\_

☐ Other State/Territory agency. Describe. \_\_\_\_\_

☐ Local government agencies such as county welfare or social services departments. Describe. \_\_\_\_\_

☐ Child care resource and referral agencies. Describe. \_\_\_\_\_

☐ Community-based organizations. Describe. \_\_\_\_\_

☒ Other. Describe. The Lead Agency contracts with a statewide vendor to make payments to CCDF child care providers based on attendance data. These payments are made through direct deposit.

### 1.3 Consultation in the Development of the CCDF Plan

The Lead Agency is responsible for developing the CCDF plan which serves as the application for a three-year implementation period. In the development of the CCDF plan, the Lead Agency shall consult with appropriate representatives of units of general purpose local government.

(658D (b)(2)) General purpose local governments is defined by the U.S. Census at [https://www.census.gov/newsroom/cspan/govts/20120301\\_cspan\\_govts\\_def\\_3.pdf](https://www.census.gov/newsroom/cspan/govts/20120301_cspan_govts_def_3.pdf)

The CCDBG Act of 2014 added a requirement that States consult with the State Advisory Council on Early Childhood Education and Care (pursuant to 642B(b)(1)(A)(i) of the Head Start Act).

658E(c)(2)(R) In addition, States shall, at the option of an Indian tribe or tribal organization in the State, collaborate and coordinate with such Indian tribe or tribal organization in the development of the State plan in a timely manner. (658D (b)(1)(E))

- 1.3.1 Check who and describe how the Lead Agency consulted with these entities in the development of the CCDF Plan (check all that apply). For example, did the entity participate in a drafting committee, review drafts, sign off on the final version, or develop a memorandum of understanding with the Lead Agency to meet requirements to share information or services for CCDF subsidy families, or other manner of participation? This list includes entities required by law along with a list of optional CCDF Plan consultation partners that Lead Agencies potentially would consult with in their developing their CCDF Plan.

☒ [REQUIRED] Appropriate representatives of general purpose local government, which can include counties, municipalities or townships/towns

Describe. The Office of Early Childhood and Out of School Learning (OECOSL) consults with members of the Indiana General Assembly and other state and local officials regarding the development of the State Plan through the Indiana Early Learning Advisory Council, local outreach efforts through the CCR&R network, and other early childhood initiatives.

☒ [REQUIRED, IF APPLICABLE] State Advisory Council on Early Childhood Education and Care (pursuant to 642B (b)(1)(A)(i) of the Head Start Act). Describe. During the 2013 legislative session, the Indiana General Assembly passed a bill establishing the Indiana Early Learning Advisory Council. The members are appointed by the Governor. The Lead Agency is a mandated member and is responsible for staffing the Council.

- If checked, does the Lead Agency have official representation and a decision-making role in the State Advisory Council?

☒ Yes

☐ No.

- If no State Advisory Council on Early Childhood Education and Care (pursuant to 642B(b)(1)(A)(i) of the Head Start Act) exists in your State/Territory, describe how you consulted with any other state- or state-designated cross-agency body such as an advisory council, cross-agency commission, or council or cabinet related to child and family planning and policy \_\_\_\_\_

☒ [REQUIRED] Indian tribe(s) and/or tribal organization(s)

Describe: Indiana does not have any designated tribes; however, the Pokagon Band of Potawatomi Indians in Michigan administers limited funds to Indian families residing in Indiana. The Lead Agency consults with a representative from the Pokagon Band of Potawatomi Indians on the development of the State Plan.

☒ State/Territory agency responsible for public education.

Describe: OECOSL consults with the Indiana Department of Education through biweekly planning meetings. OECOSL and IDOE engage in numerous cross-agency initiatives related to early childhood and out-of-school time. For example, OECOSL partnered with IDOE to develop an additional pathway for public school preschools to enter Paths to QUALITY, the State's Quality Rating and Improvement System (QRIS). OECOSL supports public school preschool programs through the Indiana Accreditation Project and supports public school preschool teachers through the T.E.A.C.H. Early Childhood® INDIANA scholarship program.

☒ State/Territory agency/agencies responsible for programs for children with special needs, including early intervention programs authorized under the Individuals with Disabilities Education Act (Part C for infants and toddlers and Section 619 for preschool).

Describe: The OECOSL Director is an appointed member of the Inter-Coordinating Council (ICC) for Indiana's IDEA Part C early intervention program (First Steps) and is the co-chair of

the council's Community Integration subcommittee. Additionally, the Lead Agency has a seat on the Indiana Inter Agency Autism Coordinating Council (IIAACC).

☒ State/Territory institutions for higher education, including community colleges. Describe: The OECOSL funds the Indiana Early Childhood Higher Education Forum (IECHEF) and meets with the Forum regularly for strategic planning around credit-based professional development initiatives including initiatives designed to increase the number of articulation agreements, to develop credential and degree programs as needed and other workforce initiatives. The Forum membership includes representatives from the state community college system and other 2- and 4- year higher education institutions.

☒ State/Territory agency responsible for child care licensing.

Describe: The Lead Agency is the agency responsible for child care licensing.

☒ State/Territory office/director for Head Start State collaboration.

Describe The Indiana Head Start State Collaboration Office (IHSSCO) is housed within the Lead Agency, which allows for close collaboration on system building initiatives between Head Start, Early Head Start, Child Care, State funded Pre-K, and the Early Head Start-Child Care Partnerships. The IHSSCO has been directly involved in drafting the State Plan.

☒ State/Territory/local agencies with Early Head Start-Child Care Partnerships grants.

Describe: OECOSL and the IHSSCO have worked closely with the EHS-CC Partnership grantees to support the success of these partnerships through collaborative coaching and technical assistance and the use of CCDF subsidies to support full day/full year services. OECOSL/IHSSCO has funded an implementation study to learn more about the EHS-CC Partnerships with the hope that these partnerships can be expanded throughout the State.

☒ State/Territory agency responsible for Child and Adult Care Food Program (CACFP).

Describe: The Lead Agency sits on the CACFP Advisory Committee and meets regularly with the Indiana CACFP program to coordinate efforts around improving nutrition within child care programs; grant opportunities; community awareness; and program integrity. The Lead Agency has also worked closely with the CACFP program during the implementation of new health and safety regulations for unlicensed providers who receive CCDF funding. These new requirements include the provision of healthy, appropriately timed meals and snacks. One strategy for reaching compliance with these new standards is to promote and support provider enrollment in CACFP.

☒ State/Territory agency responsible for WIC, nutrition (including breast-feeding support), and childhood obesity prevention.

Describe: The Lead Agency is a member of the Indiana Healthy Weight Initiative and has collaborated closely with several nutrition, breast-feeding support, and childhood obesity prevention initiatives including Nemours and Jump IN. The Lead Agency is also a member of

the Child Development and Well-Being work group of the Indiana Early Learning Advisory Council (ELAC). This work is reflected in several components of the State Plan.

☒ Other Federal, State, local and/or private agencies providing early childhood and school-age/youth serving developmental services.

Describe The Lead Agency is committed to the development of a high quality mixed delivery system that is inclusive of a wide variety of agencies serving children and youth. OECOSL consults regularly with numerous child and youth serving agencies including the YMCA of Indiana, the American Camp Association, United Ways of Indiana, and three Child Care Provider Advisory Groups representing a wide range of provider types. The Lead Agency convenes the Indiana Professional Development Network which is comprised of more than 100 members representing child and youth serving organizations.

The Lead Agency co-chairs a workgroup of the Indiana Early Learning Advisory Council (ELAC). This workgroup is focused on identifying, supporting, and developing local collaboratives that support early childhood system building as outlined within the State Plan. Through this workgroup, OECOSL consults with numerous local early education collaboratives such as Vision 2020 and others to ensure the alignment and coordination of local efforts towards the goals of the CCDF State Plan.

The Lead Agency contracts with Child Care Resource and Referral agencies and the Child Care Resource and Referral Central Office (CCR&R CO) to improve family access to high quality, affordable child care. This includes provider enrollment and technical assistance in the State's QRIS, Paths to QUALITY; licensed provider recruitment and trainings; community awareness; parent resources and referrals; work-life solutions; and targeted training and technical assistance related to infant toddler care and inclusion.

The Lead Agency contracts with the Indiana Association for the Education of Young Children (IAEYC) for professional development systems planning, provider career counseling, and education and professional development training. This is done through the T.E.A.C.H. Early Childhood® INDIANA project, CDA non formal training, an annual Indiana Early Childhood Conference, and provider support for national accreditation.

The Lead Agency consults with State and local health departments on a variety of health concerns related to child care including immunizations, prevention of illness, prevention of lead poisoning, and appropriate actions when unexpected health concerns arise. The Lead Agency recently collaborated with the Indiana State Department of Health (ISDH) and the Child Care Provider Advisory Groups to allow providers access to immunization records through the CHIRP (Children and Hoosier Immunization Registry Program) registry. This collaboration included training and outreach to providers on the registry.

The Lead Agency consults regularly with the Indiana Association for Infant and Toddler Mental Health (IAITMH) to coordinate efforts included in the State Plan. The Lead Agency



has supported the implementation of the Infant Mental Health Endorsement (IMH-E) and initiatives designed to improve access for providers and families to mental health consultants and mental health training opportunities.

The Happy Babies Brain Trust workgroup is a collaborative group of public and private agencies throughout Indiana that have been convened by the Lead Agency with the support of The Kellogg Foundation and ZERO TO THREE. The group works to advance and coordinate outcomes for very young children and their families.

The Lead Agency consults with a variety of school age care organizations including the Indiana Afterschool Network, the Indiana Youth Services Association, and the Indiana Youth Institute to coordinate a strategic plan for school age care across the State including the alignment of core knowledge and competencies and standards.

☒ State/Territory agency responsible for implementing the Maternal and Child Home Visitation programs grant. Describe Indiana State Department of Health, Maternal and Child Health Division administers the MIECHV funds. Two thirds of MIECHV goes to support Healthy Families Indiana. The remaining funds support Goodwill's Nurse Family Partnership. Health Families Indiana is administered by the State's child welfare agency, the Department of Child Services. The Lead Agency is a member of the Indiana Home Visiting Advisory Board (INHVAB), the state advisory board for MIECHV. In addition to the work of INHVAB, The Lead Agency works in collaboration with both agencies on outreach to families on the importance of high quality early education, Paths to QUALITY, and the CCDF subsidy program. Home visiting is also a focus point for the Indiana Early Learning Advisory Council. The Lead Agency participates actively within the ELAC workgroup responsible for making recommendations on home visiting.

☒ Agency responsible for Medicaid/Early and Periodic Screening, Diagnostic and Treatment (EPSDT)

Describe: The division responsible for Medicaid is also housed within FSSA. The Lead Agency coordinates work with this division through the work of the Indiana Early Learning Advisory Council, numerous family and provider outreach efforts, and local initiatives such as Project LAUNCH. Indiana's Medicaid Quality Strategic Plan (2015) addresses aligning the Indiana's EPSDT program with AAP Bright Futures recommendations. OECOSL supports the use of EPSDT exams and promotes opportunities for additional routine developmental and social emotional screenings in child care when not included by a child's medical provider. Child Care Resource and Referral is integral in this work. OECOSL sits on the Project LAUNCH Leadership Council as well as the Project LAUNCH Evaluation Advisory Committee and is closely following the project's work in southeastern Indiana. The Indiana chapter of the AAP, in conjunction with Indiana University and the Riley Child Development Center, has instituted a network of "diagnostic hubs" around Indiana to bring diagnostic evaluation closer to families when developmental screenings show concern.



☒ McKinney-Vento State coordinators for Homeless Education.

Describe: The Lead Agency consults with the McKinney-Vento state coordinator through the Head Start Multi-Agency Advisory Committee and the Indiana ELAC workgroups. Example of collaboration include the development of Indiana's CCDF homeless policy, which allows providers additional time to obtain necessary records, and the development of trainings for providers on serving homeless families and children.

☒ State/Territory agency responsible for public health.

Describe The Lead Agency consults with the Indiana State Department of Health around immunization rates including the accuracy of records, increased immunization rates, and the prevention and control of infectious disease.

The Lead Agency consults with the Indiana Department of Environmental Management on many initiatives, including the 5 Star Environmental Health Program for child care providers, provider training, and community awareness of environmental health concerns within child care facilities. Additionally, OECOSL sits on the Indiana Healthy Homes Alliance/Improving Kids Environment committee.

☒ State/Territory agency responsible for mental health.

Describe : The State agency responsible for mental health in Indiana is the Division of Mental Health and Addiction (DMHA) in the Indiana Family and Social Services Administration (FSSA). The Lead Agency is housed within the same agency (FSSA) and coordinates with DMHA on efforts and issues contained within the State Plan, including on the development of local Systems of Care and local early childhood collaboratives.

The Lead Agency sits on the Project LAUNCH leadership council. Project LAUNCH (Linking Actions to Unmet Needs in Children's Health) is a grant funded by the federal Substance Abuse and Mental Health Services Administration (SAMHSA) and is jointly administered in Indiana by the Maternal and Child Health (MCH) division of the Indiana State Department of Health (ISDH) and the Division of Mental Health and Addiction (DMHA) in the Indiana Family and Social Services Administration (FSSA). The Lead Agency coordinates with DMHA through Project LAUNCH to support social-emotional training for child care providers; promote awareness of developmental screening and assessment; and increase families' knowledge around child development and available resources. The Lead Agency also partners with DMHA and the Indiana Head Start State Collaboration Office through Project LAUNCH to support the efforts of local Head Start offices in Southeast Indiana to implement Conscious Discipline to fidelity.

In addition, The Lead Agency consults and coordinates with the Indiana Association for Infant and Toddler Mental Health (IAITMH), a subsidiary of Mental Health America of Indiana (MHAI). The Lead Agency meets regularly with IAITMH leadership to coordinate efforts included in the State Plan such as increasing awareness and trainings opportunities on Infant Toddler mental health and the Infant Mental Health Endorsement (IMH-E).

The Lead Agency engages both the Division of Mental Health and Addiction (DMHA) and the Indiana Association for Infant and Toddler Mental Health (IAITMH) on the Infant Toddler Advisory Group (the Indiana Happy Babies Brain Trust workgroup) to promote awareness of

the need for good health, strong families, and positive early learning experiences for infants and toddlers; coordinate infant toddler efforts across state agencies, associations, and organizations; and ensure that the State early learning council (Early Learning Advisory Council – ELAC) maintains a focus on issues related to infants and toddlers. The Lead Agency consults with the Infant Toddler Advisory Group on efforts included in the State Plan.

☒ State/Territory agency responsible for child welfare.

Describe: The Lead Agency coordinates closely with the Department of Child Services (DCS) on a variety of child welfare issues and issues within the State Plan including policies around CCDF subsidies for foster families and children involved in the child welfare system and policies around respite care for families with family reunification plans.

The Lead Agency coordinates very closely with DCS on investigations of allegations of abuse and neglect within child care programs and facilities including joint investigations, shared database access, and the coordination of complaints received.

The Lead Agency partners with DCS on the distribution of materials and training on the prevention and identification of child abuse and neglect and the requirements for mandatory reporting. All providers receive these materials.

The Lead Agency meets regularly with the prevention program staff at the Department of Child Services on a variety of issues including coordination with Healthy Families Indiana and Community Partners for Child Safety. Healthy Families Indiana is a voluntary home visitation program designed to promote healthy families and healthy children through a variety of services including child development, access to health care, and parent education. The purpose of Community Partners for Child Safety is to provide home based case management services to connect families to resources to strengthen the family and prevent child abuse and neglect. The Lead Agency is partnering with the Department of Child Services to promote coordination and collaboration at the local level between Child Care Resource and Referral agencies, CCDF Intake Agents, Healthy Families sites, and Community Partner agencies.

☒ State/Territory liaison for military child care programs.

Describe The Lead Agency consults regularly with the state liaison for military child care programs to coordinate strategic planning, training opportunities, and outreach and awareness activities for military families regarding the availability of subsidies, the importance of high quality child care, and the Paths to QUALITY quality rating and improvement system ratings.

☒ State/Territory agency responsible for employment services/workforce development.

Describe: The Lead Agency consults with the Indiana Department of Workforce Development on a variety of workforce issues including encouraging Indiana high school students to consider entering the child care field and the financial support for the attainment of a CDA

credential for high school students. The Lead Agency has also consulted on the development of career pathways for future child care providers.

The Lead Agency is also working with DWD and the Indiana Department of Education on the development of Indiana's longitudinal data system and the Indiana Network of Knowledge (INK).

☒ State/Territory agency responsible for Temporary Assistance for Needy Families (TANF).

Describe: The agency responsible for the administration of TANF is also part of the same agency as OECOSL (FSSA). The Lead Agency consults frequently with the Division of Family Resources/TANF IMPACT on issues contained within the CCDF state plan. Examples include the coordination of referrals and child care subsidies for TANF Impact families and two generation approaches to poverty reduction.

☒ State/community agencies serving refugee or immigrant families.

Describe OECOSL has partnered with and consulted the Division of Family Resources and the Office of Indiana Refugee Programs to create policies and priorities for refugee families in need of child care assistance. Additional efforts include supporting refugees in becoming child care providers and the translation of child care related materials into languages spoken by refugees.

☒ Child care resource and referral agencies. Describe: OECOSL partners with the local child care resource and referral offices to provide feedback on local initiatives.

☒ Provider groups or associations. Describe: OECOSL meets at least quarterly with three child care provider advisory groups representing licensed homes, licensed centers, and unlicensed registered child care ministries on many issues included within the CCDF state plan.

☐ Labor organizations. Describe

☒ Parent groups or organizations.

Describe OECOSL consults regularly with the Child Care Resource and Referral Agencies, the Indiana Parents Information Center (IPIC), and representatives of Indiana's Parents as Teachers (PAT) representatives.

☒ Other.

Describe The Indiana Nurse Health Consultant Program is housed within the Lead Agency and works with local communities by offering free onsite training related to health issues within child care facilities including immunizations, medication dispensing, asthma, lead poisoning, nutrition, and meal planning.

1.3.2 Describe the Statewide/Territory-wide public hearing process held to provide the public an opportunity to comment on the provision of child care services under this Plan (658D(b)(1)(C)). Lead Agencies are required to hold at least one public hearing in the State/Territory with sufficient State/Territory-wide distribution of notice prior to such hearing to provide the public an opportunity to comment on the provision of child care services under the CCDF Plan. At a minimum, this description must include:

- a) Date(s) of notice of public hearing January 11, 2016 **Reminder** - Must be at least 20 calendar days prior to the date of the public hearing.
- b) How was the public notified about the public hearing, including how notice was accessible for people with disabilities? Please include website links if utilized to provide notice. A public notice was sent out to newspapers across the State and was also posted on [www.childcarefinder.IN.gov](http://www.childcarefinder.IN.gov) along with the draft of the State Plan. Requests can be made to have a copy of the State Plan mailed. The locations of the public hearings are handicapped accessible.
- c) Date(s) of public hearing(s) **Reminder** - Must be no earlier than September 1, 2015 which is 9 months prior to the June 1, 2016 effective date of the Plan:

February 1, 2016

February 3, 2016

February 4, 2016

- d) Hearing site(s) or method(s), including how geographic regions of the State/Territory were addressed

There will be 3 public hearing across the state.

One in northern Indiana:

Mishawaka Penn Harris Public Library

Harris Branch

51446 Elm Road

Granger, IN 46530

Monday, February 1, 2016

6:00 PM until 7:45 PM

One in Central Indiana:

English Foundation Building

615 N. Alabama Street

Indianapolis, In 46204

Thursday, February 4, 2016

6:00 p.m. – 8:00 p.m.

Rooms 6&7

One in Southern Indiana:

Community Foundation of Jackson County  
107 Community Dr.  
Seymour, IN

Wednesday, February 3, 2016  
6:00p.m. – 8:00p.m.

- e) Describe how the content of the Plan was made available to the public in advance of the public hearing(s) The State Plan is posted on the Office of Early Childhood and Out-of-School Learning website [www.childcarefinder.IN.gov](http://www.childcarefinder.IN.gov) and a request can be made to have a copy of the State Plan mailed.
- f) How will the information provided by the public be taken into consideration in the provision of child care services under this Plan? The Lead Agency will carefully consider all comments, written and oral, received about the State Plan and will modify the draft as appropriate.

1.3.3 Describe the strategies used by the Lead Agency to make the CCDF Plan and Plan Amendments available to the public. Check all that apply and describe the strategies below, including any relevant links as examples.

☒ Working with advisory committees. Describe The State Plan was shared with the Early Learning Advisory Council through a series of presentations during ELAC meetings. Additionally, a link to the State Plan with information on how to make comments is posted on the ELAC website: <http://www.in.gov/fssa/carefinder/4842.htm>.

Copies of the State Plan and amendments will also be made available to the Provider Advisory Groups.

☒ Working with child care resource and referral agencies. Describe The State Plan was shared with the Indiana Association of Child Care Resource and Referral and with the local Resource and Referral agencies and a link to the state plan that is available for public comment is housed on their website at <http://www.iaccrr.org/>.

☐ Providing translation in other languages. Describe \_\_\_\_\_

☒ Making available on the Lead Agency website. List the website [www.childcarefinder.IN.gov](http://www.childcarefinder.IN.gov)

☒ Sharing through social media (Twitter, Facebook, Instagram, email, etc.). Describe The Lead Agency will utilize FSSA social media resources including Twitter to make the public aware of the public hearings, State Plan, and any amendments. The Lead Agency will also utilize Facebook accounts of the local CCR&R Agencies to make the plan and amendments available. Lastly, the State will utilize the email addresses that are available to send out information to families, providers, and other stakeholders.

☒ Providing notification to stakeholders (e.g., provider groups, parent groups).  
Describe Copies of the draft plans and amendments will be emailed to key stakeholders.

☐ Other. Describe \_\_\_\_\_

#### 1.4 Coordination with Partners to Expand Accessibility and Continuity of Care

The CCDBG Act of 2014 added a requirement that the Plan describe how the State/Territory will efficiently, and to the extent practicable, coordinate child care services supported by CCDF with programs operating at the Federal, State/Territory, and local levels for children in the programs listed below.

- 1.4.1 Check who and describe how your State/Territory coordinates or plans to efficiently coordinate child care services with the following programs to expand accessibility and continuity of care, and assist children enrolled in early childhood programs to receive full-day services that meet the needs of working families. (658E(c)(2)(O)) Please describe the goals of this coordination, such as extending the day or year of services for families; smoothing transitions for children between programs or as they age into school, enhancing and aligning quality of services, linking comprehensive services to children in child care settings or developing supply of quality care for vulnerable populations. NOTE that this list appears similar to the list provided in 1.3.1 which focused on consultation for purposes of developing the CCDF Plan, however, this list includes entities required by law, along with a list of optional CCDF Plan coordination partners that Lead Agencies potentially would coordinate with over the next 3 years to expand accessibility and continuity of care, and assist children enrolled in early childhood programs to receive full-day services. Check and describe all that apply.

☒ [REQUIRED] Programs operating at the Federal, State and local levels for children in pre-school programs (e.g., state-or locally-funded pre-k, Head Start, school-based programs, public and private preschools, programs serving preschool children receiving special education services, etc.). Describe

Indiana is committed to developing a high quality, mixed delivery early education system that coordinates available funding and services across agencies and providers that supports families with preschool services that meet their family and child's needs.

The Lead Agency administers the state's publicly funded pre-k initiatives; the Early Education Matching Grants and the On My Way Pre-K pilot program. It is mandated that these pre-K initiatives include a variety of high quality provider types including public and non-public schools, licensed centers and licensed family homes, Head Start programs and faith-based registered ministries. Additionally, full day/full year services are supported and widely available through these pre-k funds. The Lead Agency has worked closely with the Indiana Early Learning Advisory Council (ELAC), the Indiana Department of Education, the Association of Non-public Schools, Head Start and other local community based providers, the local CCR&R agencies, local United Way agencies, local education collaboratives, foundations and other philanthropic organizations to expand high quality cross-sector provider capacity and will continue to work closely together through targeted assistance



grants, capacity building grants, coordinated technical assistance, and cross-training over the next three years to increase family access to high quality early care and education programs for their preschool-aged children.

Paths to QUALITY, the state's quality rating and improvement system, is the framework for quality improvements for all provider types including those participating in the state funded pre-k initiatives. State funded pre-k programs must be rated Level 3 or 4 on Paths to QUALITY (with the exception of On My Way Pre-K programs located in non-public schools which must be Pre-K accredited by a regional or national approved pre-k accrediting body). This common definition of high quality and the support provided through the Paths to QUALITY system allow for effective cross-sector quality improvements. There are many benefits to the utilization of a common definition and measure of high quality. By increasing the capacity of highly rated programs for preschool children, a "halo" effect is seen. Paths to QUALITY rates the entire program, not just the preschool classrooms. Therefore as a program's quality rating level increases with the goal of pre-k participation, all children in the program benefit from the increased quality of services provided. Coordinated efforts designed to increase Paths to QUALITY participation and level advancements will continue throughout the next three years.

The Lead Agency collaborates with Head Start, Title I, IDEA part B, and the CCDF voucher system and other available funding streams to maximize available resources and provide full day/full year services as needed by families. This includes local technical assistance, in partnership with IDOE and the IHSSCO, on layering funds and how to develop partnerships that promote full day/full year services. The technical assistance will continue to expand throughout more local areas over the next three years.

The Lead Agency also collaborates with local preschool initiatives to provide seamless, no-wrong door services for families. Recently, the City of Indianapolis passed an ordinance creating the Indy Preschool Scholarship Program (Indy PSP). OECOSL works collaboratively with the administrator of this program, United Way of Central Indiana, to align services offered by On My Way Pre-K and the Indy PSP. Collaborative efforts include shared application and branding, shared data system, and shared eligibility processes for both families and providers. This collaborative effort has nearly doubled the number of Indianapolis families who are receiving preschool services for their children in a way that makes sense to families and providers.

In addition to this collaborative work done to support state funded pre-k efforts, the Lead Agency partners with the IDOE and Head Start, through the IHSSCO on multiple initiatives designed to better support families with preschoolers by improving transitions to Kindergarten; improving school readiness by aligning of the State's Early Learning Guidelines and QRIS standards; improving reading success by implementing a literacy framework for children birth to age 5; and by providing mentoring, coaching, and training on school readiness topics.

☒ [REQUIRED, IF APPLICABLE] Tribal early childhood programs. Describe, including which Tribe(s) coordinating with Indiana does not have any designated tribes; however, the Pokagon Band of Potawatomi Indians in Michigan administers limited funds to Indian families residing in Indiana. The Lead Agency consults with a representative from the Pokagon Band of Potawatomi Indians on the development of the State Plan.

☒ Check N/A if no Indian Tribes and/or Tribal organizations or programs in the State.

☒ [REQUIRED] Other Federal, State, local early childhood programs serving infants and toddlers with disabilities. Describe: The Lead Agency sits on the First Steps Interagency Coordinating Council (ICC) and is the co-chair of the Coordinated Services subcommittee of the Council. Over the next three years the Lead Agency will continue to work with the ICC to coordinate outreach efforts to families, early education providers and First Steps providers on developmental screenings, cross-training opportunities, awareness of the availability of child care subsidies and pre-k services and the importance of high quality early education experiences for children experiencing delays or disabilities.

☒ [REQUIRED] Early childhood programs serving homeless children (as defined by the McKinney-Vento Homeless Education Assistance Act). Describe OECOSL has aligned CCDF policies and procedures with the McKinney-Vento Homeless Education Assistance Act and will participate in the state work group that provides information and resources for persons providing education and/or support to children and families experiencing homelessness, including increasing the availability of provider trainings on best practices related to serving homeless children and to increase awareness of Paths to QUALITY and the CCDF voucher program among agencies that serve homeless families. Members of the workgroup are programs that serve homeless children and families including Head Start and the state coordinator for McKinney-Vento Homeless Education programs.

☒ [REQUIRED] Early childhood programs serving children in foster care. Describe Licensed foster families are currently exempt from the income requirements for participation in the CCDF voucher program. The Lead Agency will continue to coordinate with the Department of Child Services to identify any necessary policy changes, increase outreach to foster families on the importance of high quality early education programs and Paths to QUALITY, and work together to identify licensed foster parents who are in need of child care subsidies.

☒ State/Territory agency responsible for child care licensing. Describe Child care licensing is located within the Lead Agency and is fully integrated in the State Plan. Licensing is the first level of Indiana's QRIS system, Paths to QUALITY, and is heavily involved in strategic planning, cross-training, and collaborative coaching and technical assistance activities.

☒ State/Territory agency with Head Start State collaboration grant. Describe The IHSSCO is located within the Lead Agency. The Lead Agency and the IHSSCO director have identified



increasing full day, full year services statewide, integrating more Head Start data in the State's data system (CCIS), and increasing Head Start participation in Paths to QUALITY, CCDF and state funded pre-k as primary goals for the next three years.

The Lead Agency will explore the option of partnering with Head Start and Early Head Start programs willing to extend hours to CCDF eligible families through contracted slots. This would allow for layering of resources and support linkages to comprehensive services.

The IHSSCO will help facilitate a smooth transition from Head Start to child care by aligning the Head Start Early Learning Outcomes Framework and the Indiana Early Learning Foundations and aligning the new Head Start Performance Standards with child care licensing and Paths to QUALITY.

Collaboration with the IHSSCO will also explore joint training opportunities and other strategies for increasing Head Start/Early Head Start participation in licensing and Paths to QUALITY. The goals of joint training and increased QRIS participation are to reduce duplication of efforts and streamline services for families.

☒ State Advisory Council authorized by the Head Start Act. Describe: The Director of the Lead Agency and the IHSSCO director are appointed members of the Indiana Early Learning Advisory Council. The ELAC has convened seven additional workgroups to provide policy recommendations across all aspects of early learning. The Lead Agency staffs the ELAC and provides members to each of the workgroups. The goal of the next three years is to embed ELAC recommendations within the agency and make resources developed by ELAC, such as the Family Engagement Toolkit, available to families and providers across the State.

☒ State/Territory/local agencies with Early Head Start-Child Care Partnerships grants. Describe: The Lead Agency is convening regular meetings of the EHS-CC Partnership grantees with the goals of supporting successful implementation of the partnerships and learning from the grantees on ways to embed the partnerships in other areas of the State. The IHSSCO has funded an implementation study to gather information on the models being used and lessons learned thus far. The three year goal includes continuing these regular meetings and providing support, including collaborative coaching and CCDF subsidy contracts. The Lead Agency also intends to continue to study the effectiveness of the partnerships to inform possible expansion of the partnership model.

☒ McKinney-Vento State coordinators for Homeless Education or local educational agency McKinney-Vento liaisons. Describe OECOSL will coordinate with the Indiana Department of Education McKinney-Vento state coordinator to align and share resources for identifying and supporting homeless children and providing training and technical assistance to child care providers serving homeless families. The three year goal is to increase providers' knowledge and skills around serving homeless children and families.

☒ Child care resource and referral agencies. Describe: The Lead Agency partners with local CCR&R agencies through contracts designed to support the implementation of the State

Plan. The CCR&R network provides extensive support to Paths to QUALITY including provider recruitment and enrollment, coaching and support for level advancement, training, and administration of level advancement incentives and awards. CCR&R agencies are also responsible for increasing Paths to QUALITY awareness among families and local communities. Additionally, CCR&Rs provide targeted training and technical assistance around infant toddler care and inclusion (for example through Better Baby Care and the CLIMBS Project). CCR&Rs provide Infant/Toddler and Inclusion specialists, provide parent referrals and assistance, develop public private partnerships, and collect data, including data for the CCDF Market Rate Surveys.

The goals for these partnerships over the next three years include ensuring that CCR&R services better meet the holistic needs of families and children and the expansion of provider trainings that are high quality, stackable and sequential, as well as providing assistance with the implementation of increased health and safety standards for providers. Ongoing goals include increased Paths to QUALITY enrollment, technical assistance, training, and other supports to assist providers of all types in continuous quality improvement through the levels of Paths to QUALITY. Other three year goals include the development and support of local early education collaboratives and enhancing partnerships between CCR&R, local CCDF Intake Agents, and TANF/IMPACT offices to ensure that low income families are aware of and have access to CCR&R services and information regarding the CCDF Voucher program and Paths to QUALITY.

☒ State/Territory agency responsible for public education. Describe The Lead Agency partners with the Indiana Department of Education (IDOE) on multiple initiatives including state funded pre-k; improving transitions to Kindergarten; improving school readiness by aligning the State's Early Learning Guidelines and QRIS standards; improving reading success by implementing a literacy framework for children birth to age 5; providing mentoring, coaching, and training on school readiness topics.

Goals for the next three years include expanding local partnerships between public schools and community based programs to expand family access to full day/full year services, enhancements to the state's online I-Star KR, kindergarten readiness assessment tool, expansion of the state's longitudinal data system through INK, increased public school participation in Paths to QUALITY and the development of additional cross-training opportunities on dual language learners and family engagement.

☒ State/Territory institutions for higher education, including community colleges. The Lead Agency coordinates with the Indiana Early Childhood Higher Education Forum to develop and support articulation agreements across high school, non formal, associate degree, and bachelor degree programs.

Additionally, the Lead Agency convenes and chairs the Indiana Professional Development Network (INPDN). The INPDN consists of more than 100 members including numerous representatives from higher education, including the state's community college system.

Goals for the partnerships with higher education through both the Forum and the INPDN include improved program quality through the alignment and improvement of available professional development opportunities, both credit and non-credit bearing.

The Lead Agency's work with the Indiana Early Childhood Higher Education Forum will result in an increased number of articulation agreements to ensure that Indiana child care providers can maximize their educational opportunities and have a clearly defined career pathway. Additionally, over the next three years the Forum will work towards implementation of the recommendations of the recently completed Higher Education Inventory.

☒ State/Territory agency responsible for Child and Adult Care Food Program (CACFP). Describe The three year goal for the collaboration with the IDOE's CACFP program is to continue to share compliance data in order to improve compliance for both programs, continue to align program nutrition standards, increase the coordination of trainings to increase access to high quality nutrition training without duplicating services, and promote awareness of both programs among early care and education providers so that the rate of CACFP participation increases.

☒ State/Territory agency responsible for WIC, nutrition (including breast-feeding support), and childhood obesity prevention. Describe The Lead Agency coordinates with the Indiana State Department of Health to increase immunization rates, prevent childhood obesity, support and encourage breast feeding, prevent lead poisoning, and promote developmental screenings. Goals of this collaboration include increased immunization rates, increased use of medical homes, prevention of lead poisoning, and prevention of childhood obesity by providing additional information, resources and training to families and providers. The Lead Agency sits on the planning committee for the Nemours grant and on the Indiana Healthy Weight Initiative. The three year goals of these collaborative efforts include increasing the physical activity requirements within Paths to QUALITY and an increase of the number of child care programs that actively participate in initiatives such as Let's Move and Jump IN.

☒ Other Federal, State, local and/or private agencies providing early childhood and school-age/youth serving developmental services. Describe

Goals for the next three years include expanding the number of partnerships in place between the Lead Agency and other state, local, and private agencies. Strategies for reaching this goal include working the Indiana Early Learning Advisory Council to develop high functioning local coalitions designed to address the local needs of children and families and those agencies that serve these families and children. Additionally, the Lead Agency will work towards establishing additional initiatives to support two generation approaches to poverty reduction through partnerships with workforce development agencies and child care and out-of-schooltime programs. The Lead Agency will continue to work through partnerships, such as the Indiana Partnerships for Early Learners, to continue to expand access to and capacity of high quality programming.

☒ State/Territory agency responsible for implementing the Maternal and Childhood Home Visitation programs grant. Describe:

The Lead Agency is a core partner in the ECCS grant, Project LAUNCH, and the Indiana Home Visiting Advisory Board. The Indiana Home Visiting Board is providing direction for MIECHV, including coordination efforts between home visiting and child care. Three year goals for this collaboration include increased coordination of home visiting services and increased awareness of Paths to QUALITY and the CCDF subsidy program by home visitors that will result in more children from families participating in home visiting enrolled in high quality early care and education programs.

☒ Agency responsible for Medicaid/Early and Periodic Screening, Diagnostic and Treatment (EPSDT). Describe The division responsible for the administration of Medicaid is housed within the same agency (FSSA) as the Lead Agency. Shared goals for the next three years include increasing the number of families and children insured through HIP2.0 Hoosier Healthwise. This will result in more children with access to recommended screenings. The Lead Agency is also working to increase provider and CCDF client awareness of the availability of health insurance through Medicaid and the importance of regular screenings for children through EPSDT as recommended by the AAP/Bright Futures.

☒ State/Territory agency responsible for public health. Describe The Lead Agency coordinates with the Indiana State Department of Health to increase immunization rates, prevent childhood obesity, support and encourage breast feeding, prevent lead poisoning, and promote developmental screenings. Goals of this collaboration include increased immunization rates, increased use of medical homes, prevention of lead poisoning and prevention of childhood obesity by providing additional information, resources and training to families and providers. OECOSL also sits on the Indiana Oral Health Coalition.

☒ State/Territory agency responsible for mental health. Describe Over the next three years, the Lead Agency will be working in partnership with the Division of Mental Health and Addiction to increase provider and family awareness of the importance of early childhood mental health, to increase access to mental health services for families, and to provide additional mental health related trainings to providers.

☒ State/Territory agency responsible for child welfare. Describe The Lead Agency will continue to support this high functioning partnership through cross-training of staff, regular meetings, data sharing and joint investigations. OECOSL seeks to ensure that families involved in the child welfare system are receiving information about quality early care and education and the CCDF subsidy program and over the next three years will work to increase awareness efforts. The Lead Agency will pursue additional opportunities to partner on prevention efforts, including offering additional trauma informed care trainings to assist providers who serve children and families who are involved in the child welfare system. The Lead Agency will continue to work closely with the DCS Prevention team to promote coordination and collaboration at the local level between child care resource and referral, CCDF Intake, Healthy Families, and Community Partners for Child Safety. Three year goals for this collaboration include increased coordination of home

visiting services and increased awareness of Paths to QUALITY and the CCDF subsidy program by home visitors and Community Partners case managers that will result in more children from families participating in home visiting and Community Partners enrolled in high quality early care and education programs.

☒ State/Territory liaison for military child care programs. Describe The Lead Agency meets regularly with the State Liaison for military child care programs on strategic planning. The goals of this collaboration include increased awareness about the child care assistance support available to Hoosier military families, to improve the access to high quality child care programs for military families across the state and to partner on provider trainings on best practices for caring for children from military families.

☒ State/Territory agency responsible for employment services/workforce development. Describe The Lead Agency coordinates with the TANF Impact program, the work support program for individuals receiving TANF benefits, by providing priority enrollment in the CCDF voucher program. Future goals include better streamlined services for TANF Impact families, increased outreach to families participating in the Impact program about the importance of high quality child care and the Paths to QUALITY system including the provision of face-to-face referral services and the exploration and expansion of two generation approaches to poverty reduction.

☒ State/Territory agency responsible for Temporary Assistance for Needy Families (TANF). Describe The Lead Agency is housed within the same division as the office responsible for administering the TANF program. CCDF coordinates with TANF by allowing priority referrals for child care subsidies to increase the success of welfare to work efforts. Goals include streamlined services for families, increased outreach to families about the importance of high quality early care and education, how to locate a Paths to QUALITY provider including through the provision of face-to-face referrals, and the exploration and expansion of two generation approaches to poverty reduction.

☒ State/Territory community agencies serving refugee or immigrant families. Describe The Lead Agency has coordinated with the Division of Family Resources and the Office of Indiana Refugee Programs to create policies and priorities for refugee families in need of child care assistance. Future goals for this partnership include increasing the availability of resources written in languages other than English and increased provider training around supporting families in culturally and linguistically responsive ways.

☒ Provider groups or associations. Describe The Lead Agency meets with three Child Care Provider Advisory Groups quarterly in order to keep open lines of communication for providers to contribute to planning and problem solving and for the Lead Agency to better understand the opportunities and challenges providers face at the local level. Future goals for this collaboration are for the State to remain responsive to provider needs and to ensure the successful implementation of new standards and requirements.

☐ Labor organizations. Describe



☒ Parent groups or organizations. Describe. The Lead Agency meets with a variety of parent organizations including Child Care Resource and Referral, Parents as Teachers, the Indiana Parent Information Center, and Indiana Parents for Quality Child Care. The goals of these collaborations include increased awareness of the issues and concerns that families face when choosing and using child care and, if applicable, when receiving benefits through the CCDF voucher program. Additional goals include expanding the number of parents participating in the Indiana Early Learning Advisory Council and in other collaborative efforts.

☒ Other. Describe. The Indiana Nurse Health Consultant Program is housed within the Lead Agency. Goals include an increase in free, onsite trainings for providers on relevant health topics.

### 1.5 Optional Use of Combined Funds

The CCDBG Act of 2014 added a provision that States and Territories have the option to combine funding for CCDF child care services with funding for any of the required programs listed in 1.4.1. These include programs operating at the Federal, State and local levels for children in preschool programs, tribal early childhood programs, and other early childhood programs, including those serving infants and toddlers with disabilities, homeless children, and children in foster care. (658E(c)(2)(O)(ii)) Combining funds could include blending multiple funding streams, pooling funds, or layering funds together from multiple funding streams in an effort to expand and/or enhance services for children and families to allow for delivery of comprehensive high quality care that meets the needs of children and families. For example, State/Territory agencies may use multiple funding sources to offer grants or contracts to programs to deliver services; a State/Territory may allow county/local government to use coordinated funding streams; or policies may be in place that allow local programs to layer CCDF funds with additional funding sources to pay for full-day, full-year child care that meets Early Head Start/Head Start or State/Territory pre-kindergarten requirements in addition to State/Territory child care licensing requirements. As a reminder, per the OMB Compliance Supplement governing audits ([https://www.whitehouse.gov/omb/circulars/a133\\_compliance\\_supplement\\_2014](https://www.whitehouse.gov/omb/circulars/a133_compliance_supplement_2014)), CCDF funds may be used in collaborative efforts with Head Start (CFDA 93.600) programs to provide comprehensive child care and development services for children who are eligible for both programs. In fact, the coordination and collaboration between Head Start and the CCDF is mandated by sections 640(g)(2)(D) and (E), and 642(c) of the Head Start Act (42 USC 9835(g)(2)(D) and (E); 42 USC 9837(c)) in the provision of full working day, full calendar year comprehensive services (42 USC 9835(a)(5)(v)). In order to implement such collaborative programs, which share, for example, space, equipment or materials, grantees may blend several funding streams so that seamless services are provided.

1.5.1 Will you combine CCDF funds with the funds for any program with which you coordinate (described in 1.4.1)?

☒ Yes. If yes, describe at a minimum:

- How do you define “combine” OECSL allows EHS-CC Partnership grantees to layer CCDF funding with Head Start dollars. CCDF will fund the full day/full year care and Head Start funds will provide for additional, comprehensive services.
- Which funds will you combine CCDF and Head Start
- Goal(s) of combining funds (why?) and expected outcomes, such as extending the day or year of services available (i.e., full-day, full-year programming for working families), smoothing transitions for children, enhancing and aligning quality of services, linking comprehensive services to children in child care or developing the supply of child care for vulnerable populations The combining of funds in this way increases full day access to high quality, comprehensive services for more children.
- Method of fund allocation (how you will be combining multiple sets of funding, such as at the State/Territory level, local level, program level?) Funds are combined at the program (Head Start grantee) level
- How are the funds tracked and method of oversight. CCDF funds are tracked through an electronic time and attendance system. Head Start funds are tracked by the program in accordance with all Head Start requirements. Oversight is done through FSSA audits and Head Start fiscal monitoring.

☐ No

## 1.6 Public-Private Partnerships

The CCDBG Act of 2014 adds a new provision that requires States and Territories to describe in the Plan how the State/Territory encourages partnerships among State/Territory and public agencies, tribal organizations, private entities, faith based organizations and/or community-based organizations to leverage existing service delivery systems for child care and development services and to increase the supply and quality of child care services for children through age 12, such as by implementing voluntary shared services alliance models (i.e., cooperative agreement among providers to pool resources to pay for shared fixed costs and operation). (658E(c)(2)(P)) ACF expects these types of partnerships to leverage public and private resources to further the goals of reauthorization.

- 1.6.1 Describe the entities with whom and the levels at which the State/Territory is partnering (level – State/Territory, county/local, and/or programs), the goals of the partnerships, method of partnering. Include in your description examples of activities that have resulted from partnerships with other State/Territory and public agencies, tribal organizations, private entities, faith based organizations or community-based organizations, and how the partnerships are expected to leverage existing service delivery systems for child care and development services and to increase the supply and quality of child care services. The Lead Agency has taken steps to increase partnerships across the state and across types of partner agencies. The Lead Agency partners significantly with the Indiana Department of Education on many initiatives including but not limited to the implementation of state funded pre-k, efforts around effective transitions, Kindergarten readiness including the development of a Kindergarten Entry Assessment (KEA), the development, revision and implementation of the State’s Early Learning Guidelines (the Indiana

Early Learning Foundations), School Age Child Care Grants, and numerous training and technical assistance efforts.

The Lead Agency partners with the United Way of Central Indiana on the Registered Ministry Improvement Project. This initiative is funded through a \$2.5 million Lilly Endowment grant to the United Way of Central Indiana. The grant supports efforts to strengthen faith-based early childhood programs in Indianapolis and the six surrounding counties including areas of high need. The grant supports targeted capital investments for the creation of new classrooms and high quality spaces for young children and helps programs improve staff development and strengthen curriculum. The local CCR&R agency is also a partner and provides focused coaching and technical assistance. The Quality Continuum is used as a strategy in the grant for quality improvement with the goal being an increased number of license-exempt faith based providers enrolled and increasing quality rating levels within Paths to QUALITY.

The lead agency is a partner in a new statewide initiative- Partnerships for Early Learners- through Early Learning Indiana that began in 2014. The initiative is a \$20 million, five year campaign funded by the Lilly Endowment as a public-private partnership to increase the quality and quantity of early childhood education opportunities across Indiana. The 2020 goal for Capacity Building is to create 1000 high-quality seats that families can afford and communities will sustain. The 2020 goal for Quality Improvement is to improve the quality of 400 early childhood programs in Indiana. Planned work will build upon existing infrastructure such as the State's scholarship and QRIS program, and deepen the work of critical partners already engaged with child care providers, school systems, teachers and families. New partnerships will be created between child cares, K-12 schools and school systems, Head Starts, parent engagement programs, pre and post-natal providers, hospitals, and others involved in supporting a child's early learning. Partnerships will be the foundation for a sustainable and improved early learning infrastructure. Innovative partnership strategies include: innovation and shared investment; leveraging public and private resources; support local efforts; cultivate leaders; and advocacy partnerships.

The Lead Agency partners with many local collaborative efforts including partnerships within each of the five On My Way Pre-K counties. These partnerships provide funding for capital improvements, support for quality improvements, training and technical assistance, and fund development for a required match for On My Way pre-K. A recent capacity building effort brought together the Lead Agency, United Way of Central Indiana and Early Learning Indiana that created 1000 high quality seats using combined funds totaling almost \$500,000.

The Lead Agency partners closely with the City of Indianapolis and United Way of Central Indiana through the Indy PSP and On My Way Pre-K collaboration. This collaboration leverages many different resources including shared branding, a joint application, shared data system, collaborative quality and capacity building and outreach to provide seamless access to preschool services for Indianapolis families and providers. The result of this partnership is that more than 1500 additional preschool age children have access to high quality programs.

## **1.7 Coordination with Local or Regional Child Care Resource and Referral Systems**

States and Territories may use funds to establish or support a system of local or regional child care resource and referral organizations (CCR&R) that is coordinated, to the extent determined



by the State/Territory, by a statewide public or private non-profit, community-based or regionally based, lead child care resource and referral organization (also see section 7.4). If they do, the law identifies specific requirements for that entity or system receiving CCDF funds.

(658E(c)(3)(B)(iii)) These include:

- Provide families with information on a full range of child care options (including faith-based, community-based child care centers and family child care homes, nontraditional hours and emergency child care centers) in their local area or region
- To the extent practicable, work directly with families who receive child care assistance to offer the families support and assistance in making an informed decision about child care options in an effort to ensure families are enrolling their children in the most appropriate child care setting to suit their needs and that is of high quality as determined by the State/Territory
- Collect data and provide information on the coordination of services and supports, including services provided through the Individuals with Disabilities Education Act for children with disabilities
- Collect data and provide information on the supply of and demand for child care services in local areas or regions of the State/Territory and submit such information to the State/Territory
- Work to establish partnerships with public agencies and private entities, including faith-based and community-based child care centers and family child care homes providers, to increase the supply and quality of child care services in the State/Territory
- As appropriate, coordinate their activities with the activities of the Lead Agency and/or local agencies that administer CCDF.

Nothing in statute prohibits States from using CCR&R agencies to conduct or provide additional services beyond those required by statute above.

1.7.1 Does the State/Territory fund a system of local or regional CCR&R organizations?

☒ Yes. The State/Territory funds a CCR&R system. See also related follow-up questions in Section 7.1 and 7.4. If yes,

Describe the State/Territory's written agreement or contract with the CCR&R, what services are provided through the CCR&R, and any other activities for which the State partners with the CCR&Rs. *The Lead Agency contracts with the CCR&Rs to provide the following services:*

- *Professional Development and training to providers: The Lead Agency Contracts with 9 local CCR&R Agencies to provide a high level of Training and Professional Development to Providers. An Annual Provider Needs Assessment and environmental scan is released in every county to identify current gaps in*

Professional Development Needs across the state. The professional development delivered is targeted at multiple levels of expertise and maximizes the accessibility of training options by including face to face, conferences, webinars and other online training platforms. All training offered covers a designated list of subject matter areas. Many of the trainings are coordinated as a blended model of training that includes follow up specialized technical assistance.

- Technical assistance: overall program quality improvement, specialized technical assistance in Infant/toddler, inclusion, and school age programs. The Lead Agency contracts with 9 local CCR&R Agencies to provide technical assistance, including specialized technical assistance and Paths to Quality Coaching, both onsite and off-site, to providers across the quality continuum from pre-licensure and enrollment in Paths to QUALITY to level 4 and national accreditation. All coaches and technical assistance Specialists are required to meet a minimum of 40 percent on-site time to ensure a high level of intentional technical assistance with all providers. The local CCR&R agencies also support providers through technical assistance around evidence-based best practice for culturally diverse practices within child care programs to promote culturally sensitive caregiving.
- Dissemination of information
- Aiding families in making informed decisions about quality child care options: The Lead Agency contracts with 9 local CCR&R Agencies to provide consumer education and referrals to families using diverse and culturally responsive methods, including face to face referrals at locations throughout the community as appropriate. They also provide enhanced individualized assistance in accordance with processes set by The Child Care Resource and Referral Central Office (CCR&R CO) for families seeking programs for children with special needs, including but not limited to offering specialized technical assistance to programs ultimately selected by the family.
- Supply building efforts: The Lead Agency contracts with 9 local CCR&R Agencies to build quality and supply of high quality child care providers in our state. Each local agency utilizes the available provider and family data to identify areas in need of intentional supply and capacity building activities, including building the supply of highly rated providers of all types and increasing the supply of high quality infant/toddler care, care available for non-traditional hours, accessibility of pre-k eligible programs and other areas of identified need. The local agencies work to establish partnerships with public and private community partners, including faith-based, public and non-public school based, and community based ECE providers, including Head Start, to increase the supply and quality of services.

- Increase enrollment in Indiana's QRIS
- Local coalition building: The Lead Agency contracts with 9 local CCR&R agencies to build and support state and local networks through a variety of collaborative and outreach activities. Activities include, but are not limited to, the coordination of quarterly Paths to QUALITY Regional Stakeholder Meetings, supporting local coalition building, participation in local and statewide initiatives, and responding to issues impacting the ECE and OST systems. The Local agencies work to become the recognized local expert in ECE and OST system building responsiveness to community needs and events and are able to participate and provide feedback on local coalitions to continue to move the work forward in a productive and systemic way.

- ☐ No. The State/Territory does not fund a CCR&R system and has no plans to establish. Use section 7.4 to describe plans, if any, to establish a CCR&R system.

## 1.8 Disaster Preparedness and Response Plan

The CCDBG Act of 2014 added a requirement that States and Territories must include a Statewide Child Care Disaster Plan for coordination of activities with the State/Territory human services agency, emergency management agency, child care licensing agency, State/Territory local resource and referral agencies, and the State Advisory Council (SAC) or other state-designated cross-agency body if there is no SAC. (658E(c)(2)(U)) The Statewide Child Care Disaster Plan must include:

- Guidelines for continuing CCDF assistance and child care services after a disaster, which may include provision of temporary child care, and temporary operating standards for child care after a disaster.
- Requirements that child care providers receiving CCDF have in place procedures for evacuation, relocation, shelter-in-place, lock-down, communication and reunification with families, continuity of operations, accommodation of infants and toddlers, children with disabilities, and children with chronic medical conditions.
- Requirements that child care providers receiving CCDF have in place procedures for staff and volunteer emergency preparedness training and practice drills.

### 1.8.1 Describe the status of State/Territory's Statewide Child Care Disaster Plan.

- ☐ Fully implemented and meeting all Federal requirements outlined above. If applicable, describe additional ways the State/Territory addresses the needs of children receiving CCDF before, during and after a disaster or emergency, not already incorporated into the Statewide Child Care Disaster Plan. If available, please provide a link to the disaster plan
- ☒ Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion

date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses here will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016)  
September 30, 2016
- Current Status – Describe the State/Territory’s status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other)
  - Substantially implemented : FSSA and OECOSL Continuous operation plans; CCDF Intake agencies and operations files are electronic and portable to ensure CCDF implementation after a disaster, Indiana requires disaster plans of licensed child care centers and licensed child care homes both requiring child cares to practice disaster procedures. Indiana has in place free web based training for child care providers on the need for and considerations in creating a disaster plan as well as a print booklet. Child care licensing, Homeland Security, and Child Care Resource and Referral work together to assist child care providers with finding safe alternative locations for temporary operation after disaster.
  - Unmet requirement - Identify the requirement(s) not fully implemented  
Implementation progress to date – Identify any requirement(s) partially or substantially implemented  
Unmet requirement - Identify the requirement(s) not fully implemented
    - 1) Language will be added to the rules for Licensed Centers and Licensed Homes as well as to the Provider Eligibility Standards for Legally License Exempt Providers so that the requirements align with CCDBG: “procedures for evacuation, relocation, shelter-in-place, lock-down, communication and reunification with families, continuity of operations, accommodation of infants and toddlers, children with disabilities, and children with chronic medical conditions”.
    - 2) OECOSL will compile all disaster related documents of policy and procedure regarding OECOSL licensing, operations partners, and child care requirements into one statewide comprehensive, organized, and sharable product.
- Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) Child Care Rule changes are necessary
  - Projected start date for each activity The start date for both unmet requirements is 10/1/15.
  - Projected end date for each activity  
Requirement 1- OECOSL staff will have rule promulgation updates completed for outside review by 2/28/16

Requirement 2- Indiana Child Care Comprehensive Emergency Preparedness and Response Plan will be completed by 9/30/16

- Agency – Who is responsible for complete implementation of this activity  
OECSL
- Partners – Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity  
Partners for both tasks include but are not limited to: Indiana Department of Homeland Security, Indiana State Department of Health, TCC, CCDF Intake agents, Child Care Resource and Referral Agencies and Child Care Resource and Referral Central Office, and Child Care providers.

## **2 Promote Family Engagement through Outreach and Consumer Education**

Parents are their children’s most important teacher and advocate. State and Territory child care systems interact with parents in multiple ways, therefore presenting many opportunities to engage and inform families. Child care providers can serve as convenient and trusted sources of information for parents and family members on child development and community supports and services. State/Territory and local child care assistance systems should be designed to promote seamless linkages to useful information and other child- and family-services, such as during subsidy intake and redetermination processes and when parents utilize child care resource and referral or QRIS agencies. Outreach and consumer education is an ongoing process and is expected to cover the entire age span covered by CCDF from birth through age 12.

The CCDBG Act of 2014 includes key purposes that address the role of parents as child care consumers who need information to make informed choices regarding the services that best suit their needs. A new purpose of CCDBG is to “promote involvement by parents and family members in the development of their children in child care settings.” States and Territories have the opportunity to consider how information can be provided to parents through the child care assistance system, partner agencies, and child care sites that will support their role as their children’s teacher and advocate. Key new provisions include:

1. The plan must certify that States and Territories will collect and disseminate consumer and provider education information to CCDF parents, providers, and the general public, including information about:
  - a) the availability of child care assistance,
  - b) the quality of child care providers (if available),
  - c) Other programs (specifically Temporary Assistance for Needy Families (TANF), Head Start and Early Head Start, Low-Income Home Energy Assistance Program (LIHEAP), Supplemental Nutrition Assistance Program (SNAP), Women, Infants and Children (WIC) program, Child and Adult Care Food Program (CACFP), Medicaid and State Children’s Health Insurance Program (SCHIP)) for which families may also qualify.
  - d) Individuals with Disabilities Education Act (IDEA) programs and services,
  - e) Research and best practices in child development, and

- f) State/Territory policies regarding social- emotional/behavioral and early childhood mental health of young children, which may include positive behavioral intervention and support models, and policies on the expulsion of preschool-aged children (children from birth to five for purposes of this requirement) from early childhood programs receiving CCDF.
- 2. Information related to the health and safety of children in child care settings. The plan must certify that the State/Territory will make public certain information about the results of health and safety monitoring (described in section 5) using a website that is consumer-friendly and in an easily accessible format, including:
  - a) Provider-specific information: 1) results of monitoring and inspection reports, including those due to major substantiated complaints; 2) last date of inspection; and 3) information on corrective actions taken (if applicable).
  - b) Aggregate annual information about: 1) the annual number of deaths; 2) the annual number of serious injuries; and 3) annual number of incidences of substantiated child abuse in child care settings.
  - c) State/Territory processes for: 1) licensing child care providers; 2) conducting background checks and the offenses that would keep a provider from being allowed to care for children; and 3) conducting monitoring and inspections of child care providers.

## 2.1 Information about Child Care Financial Assistance Program Availability and Application Process

Lead Agencies must inform parents of eligible children and the general public of the process by which they can apply for and potentially receive child care assistance services.

(658E(c)(2)(E)(i)(1))

### 2.1.1 Describe how the State/Territory informs families of availability of services.

- a) How does the State/Territory identify populations and areas of potentially eligible families (e.g., using available federal, State/Territory and local needs assessments to identify potentially eligible families?) The Lead Agency works with a variety of partners and available data sources including US Census data, the Indiana Kids Count Report and the Indiana Early Learning Advisory Committee annual report and data dash board. Additionally, the Lead Agency supports a local needs assessment that is conducted by the local Child Care Resource and Referral (CCR&R) agencies
- b) What partners help with outreach? For example, child care resource and referral agencies, home visitors, pediatricians, faith-based services, State/Territory or local agencies and organizations or other familiar and safe access points serving vulnerable or low-income populations. The Lead Agency partners with the TANF/SNAP offices, Child Care Resource and Referral, CCDF Intake Agents, the 2-1-1 Resource Center, First Steps (IDEA part C Early Intervention), the Indiana Department of Education, child care providers including faith based programs, and a variety of community action and community based organizations to help inform families of the availability of CCDF.



- c) What outreach strategies does the Lead Agency use (e.g., media campaigns, State/Territory website, or other electronic outreach)? The Lead Agency hosts a website, [www.childcarefinder.in.gov](http://www.childcarefinder.in.gov). This website contains detailed information about the CCDF subsidy program, regulations, and important updates. The Lead Agency also utilizes print materials and will use media campaigns as funds allow.

2.1.2 How can parents apply for services? Check all that apply.

- ☒ Electronically via online application, mobile app or email. Provide link: Applications are available online and can be emailed or faxed to local Intake Agents
- ☒ In-person interview or orientation. Describe agencies where these may occur - the Lead Agency contracts with ten (10) community based non-profit agencies (Intake Agents) around the state. Families may apply in person at any Intake Agent.
- ☐ Phone
- ☒ Mail
- ☐ At the child care site
- ☒ At a child care resource and referral agency. Describe: Applications are available through Child Care Resource and Referral (CCR&R) agencies. Assistance in submitting the application via fax or email to the Intake Agent is available. Several Intake Agencies are co-located with the CCR&R offices.
- ☐ Through kiosks or online portals at related State/Territory/local agency or organization serving low-income populations. Describe \_\_\_\_\_
- ☒ Through a coordinated application process (e.g., application is linked to other benefits program to allow parents to apply for several programs at one time). Describe: The CCDF application process for families that are receiving TANF Impact benefits and need child care subsidies in order to participate in the work requirements is coordinated between the Lead Agency and the Division of Family Resources (DFR; the division responsible for the TANF Impact program). This is an expedited process.
- ☒ Other strategies. Describe Families looking for available resources can call the statewide 2-1-1 network. 2-1-1 operators will provide information on how to apply and will encourage families to contact the CCR&R consumer education office for additional assistance.

2.2 Consumer and Provider Education Information

The CCDBG Act of 2014 added a purpose of the child care program “to promote involvement by parents and family members in the development of their children in child care settings.” (658A(b)(3)) The consumer education requirements address multiple topics that parents and family members need in order to make informed choices and act as their most important teacher and advocate. Lead agencies must certify that they will collect and disseminate the following information through resource and referral agencies or other means. (658E(c)(2)(E))

2.2.1 The State/Territory certifies that it collects and disseminates the following information to parents, providers and the general public:

- Information about the availability of the full diversity of child care services that will promote informed child care choices,
- Availability of child care assistance,
- Quality of child care providers (if available),
- Other programs (specifically Temporary Assistance for Needy Families (TANF), Head Start and Early Head Start, Low-Income Home Energy Assistance Program (LIHEAP), Supplemental Nutrition Assistance Program (SNAP), Women, Infants and Children (WIC) program, Child and Adult Care Food Program (CACFP), Medicaid and State Children's Health Insurance Program (SCHIP)) for which families may also qualify,
- Individuals with Disabilities Education Act (IDEA) programs and services,
- Research and best practices in child development, including all domains of early childhood development, including social and emotional development, cognitive, and physical health and development (particularly healthy eating and physical activity), and meaningful parent and family engagement,
- State/Territory policies regarding the social-emotional/behavioral and early childhood mental health of young children, which may include positive behavioral intervention and support models, and policies on expulsion of preschool-aged children (children from birth to five for purposes of this requirement)) in early childhood programs receiving CCDF.

☒ Yes. The State/Territory certifies that it collects and disseminates the above information to parents, providers and the general public. Describe using 2.2.2 through 2.2.8 below.

☐ No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) \_\_\_\_\_
- Current Status – Describe the State/Territory's status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other) \_\_\_\_\_
  - Implementation progress to date – Identify any requirement(s) partially or substantially implemented \_\_\_\_\_
  - Unmet requirement - Identify the requirement(s) not fully implemented \_\_\_\_\_



- Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) \_\_\_\_\_
  - Projected start date for each activity \_\_\_\_\_
  - Projected end date for each activity \_\_\_\_\_
  - Agency – Who is responsible for complete implementation of this activity \_\_\_\_\_
  - Partners – Who is the responsible agency partnering with to complete implementation of this activity \_\_\_\_\_

2.2.2 Describe how the State/Territory makes information available about the full diversity of child care services that will promote informed child care choices, including consumer-friendly strategies such as materials that are culturally responsive and in multiple languages as needed that reflect the literacy levels of consumers, and are easy to access.

- a) Describe how the State/Territory makes information about the full diversity of child care services available to parents of eligible children, providers and the general public The Lead Agency supports two websites to inform families, providers and the general public about the diversity of available services available. The State hosted site, [www.childcarefinder.in.gov](http://www.childcarefinder.in.gov) has detailed information available about the types of care available. [www.childcareindiana.org](http://www.childcareindiana.org) includes additional information, including videos, to explain the diversity of care. Each site has linked childcare search tools available. Both sites include a wide array of information for families including videos on the types of care available. The first search is located within the State hosted [www.childcarefinder.in.gov](http://www.childcarefinder.in.gov) site. This website provides definitions of the type of child care programs available, as well as a search of regulated providers where families can view inspection reports, validated complaints, and negative actions that have been taken. The [www.childcareindiana.org](http://www.childcareindiana.org) search is linked to the State site and provides additional program information, including expanded provider profiles for providers who are rated levels 2 through 4 in the State's quality rating and improvement system, Paths to QUALITY. With these enhanced profile pages, providers can enter details about their program that they would like parents to know, including photos and personal statements. With this feature, families can conduct a more in-depth preliminary search for child care without leaving their homes. Once they have narrowed down their choices families can print off a list of questions to take with them on their visits in order to more simply complete their child care search
- b) Describe what you provide and how (i.e., methods such as written materials, direct communication, etc.) In addition to the information on the website, the Lead Agency provides written materials and direct communication through the Child Care Resource and Referral (CCR&R) Consumer Education Office and Referral Specialists. CCDF Intake Agents also provide direct communication on the availability of a wide range of provider types.
- c) Describe who you partner with to make information about the full diversity of child care choices available. The Lead Agency currently partners with many different community based organizations, state and local agencies, faith based communities and others to make child care information available to families and communities. The Lead Agency will continue to expand partnerships by seeking out agencies and locations where families convene.

- 2.2.3. Describe how the State/Territory makes information about the quality (such as through a quality rating and improvement system, if available, nationally-recognized accreditation, or other means) of child care services available to the public, including consumer-friendly strategies such as messages that are designed to engage intended audiences and are easy to understand
- a) Describe how the State/Territory makes information about child care quality available to parents of eligible children, providers and the general public

*The Lead Agency utilizes multiple approaches to ensure that families receive consumer education materials that promote informed child care choices. The Lead Agency makes information available on the quality of care through consumer awareness efforts surrounding our quality rating and improvement system, Paths to QUALITY (PTQ). Information about PTQ can be found on the State's website ([www.childcarefinder.in.gov](http://www.childcarefinder.in.gov)) and the websites of each local Child Care Resource and Referral (CCR&R) agency. Indiana's child care search tools include each provider's PTQ rating level. Families are made aware of the availability of the child care search through the use of our "Blue Button". These blue buttons are posted on a variety of websites, for example businesses post the button on their intranet to assist employees who need child care. This Blue Button leads families to a child care search in just two clicks of their mouse.*



*Families applying for the CCDF program and clients receiving CCDF benefits receive consumer education information in a variety of formats at multiple times. For example, when a family applies for CCDF vouchers and must be placed on the waitlist, the Lead Agency mails a letter to the family. This letter includes information about the importance of their child care choices, the importance of early education, and Paths to QUALITY, Indiana's Quality Rating and Improvement System. Additionally, this letter also gives parents information about the services offered by the Child Care Resources and Referral offices and includes contact information. Also included in this mailing is a checklist for families to utilize when visiting prospective child care providers. There is information on the [www.childcarefinder.in.gov](http://www.childcarefinder.in.gov) website as well. This website is updated frequently with important information for families.*

*When CCDF families are notified that there are funds available to enroll their child in the CCDF program, they receive another mailing that includes additional consumer education information including a Provider Worksheet with enrollment information, local CCR&R contact information, and additional information about Paths to QUALITY.*

*When the family receives a copy of their CCDF voucher, the Paths to QUALITY level of their provider is displayed on the voucher.*

*Information about child care quality is also made available to providers. The Lead Agency partners with Child Care Resource and Referral agencies to ensure all newly licensed providers receive individualized outreach regarding Paths to QUALITY. The Lead Agency*

tracks the percentage of newly licensed providers who enroll in Paths to QUALITY. Each provider who enrolls receives a one-on-one introduction session.

The Lead Agency partners with Child Care Resource and Referral agencies to ensure local communities (i.e. the general public) receive information about high quality child care. CCR&R agencies use customized outreach materials for communicating with local businesses and employers and the Lead Agency tracks which entities (e.g. local hospitals or chambers of commerce) are being contacted and how they are being given information (e.g. brochures).

- b) Describe what you provide and how (i.e., methods such as written materials, direct communication, etc.)

The Lead Agency has developed multiple consumer education pieces on Paths to QUALITY and the importance of quality child care, including videos, internet advertisements, billboards, bus wraps, television and radio PSAs, webisodes (short videos online that contain information on quality child care and Paths to QUALITY), bookmarks, brochures, and signs for PTQ providers to display. The Lead Agency and our partners utilize social media including Facebook and YouTube to reach families with child care information.

Direct communication on the importance of quality care is also provided by Intake Agents, CCR&R Referral Specialists and the CCR&R Consumer Education office. Partners including Home Visiting, Child Welfare Caseworkers, and Early Intervention providers are encouraged to use direct communication about PTQ and quality care with their clients.

- c) Describe who you partner with to make information about child care quality available

Local Child Care Resource and Referral (CCR&R) agencies, CCDF Intake Agents, and other community partners sign an MOU to work together on efforts to support families. Local CCR&R Referral Specialists will often be onsite in TANF Impact offices during TANF Impact enrollment to assist families with their child care choices. The CCR&R Referral Specialist gives a presentation on the importance of high quality child care and the Paths to QUALITY system and then provides individual referrals to TANF clients, helping them locate high quality child care within their community.

The Lead Agency partners with the CCR&R network and CCR&R Consumer Education Office to ensure all families seeking referrals are presented with information on child care quality. While the referrals provided by the CCR&R to CCDF families include all types of eligible providers, Paths to QUALITY is explained and the importance of choosing a high quality program is discussed. Programs are listed by Paths to QUALITY order, starting with the highest rated. The CCR&R network also provides non-English speaking families with resources including a Spanish language referral line and resources on Paths to QUALITY printed in Spanish.

- 2.2.4 Describe how the State/Territory shares information with eligible parents about other available human service programs. For example, does the State/Territory share information about these other programs through linkages from the online application,

universal applications, through intake process/front line workers, providers, child care resource and referral agencies or other trusted advisors such as home visitors, pediatricians, faith-based services, etc.? At a minimum, include in your description how you provide information to eligible parents, what you provide and by what methods, and which partners you work with to provide information about other available service programs.

- a) Temporary Assistance for Needy Families (TANF): The Lead Agency shares information about TANF to eligible parents through our local CCDF Intake Agents and local Child Care Resource and Referral (CCR&R) agencies. All Intake Agents and CCR&R agencies are required to sign an MOU to work together and share information with families. Intake Agents are required to provide CCDF clients with information about other available resources including TANF. Local CCR&R agencies are often available onsite in TANF Impact offices during TANF Impact enrollment to assist families with their child care choices. The CCR&R referral specialist gives a presentation on the importance of high quality child care and the Paths to QUALITY system and then provides individual referrals to TANF clients, helping them locate high quality child care within their community. Families can also contact the 2-1-1 network for assistance. Early intervention Service Coordinators are also responsible for providing information on available resources to families participating in the First Steps program.  
  
The Lead Agency has provided all Intake Agents with the "FSSA Resource Guide". This guide is dedicated to helping Hoosiers live productive, safe and healthy lives and includes information about TANF and how to apply. The guide is designed to help providers, community service agencies and faith-based organizations connect those who are in need with a variety of available services. The guide can also be accessed electronically at [http://www.in.gov/fssa/files/FSSA\\_Resource\\_Guide.pdf](http://www.in.gov/fssa/files/FSSA_Resource_Guide.pdf).
- b) Head Start and Early Head Start Programs: The Lead Agency works with Head Start grantees with current openings to identify families that are on the CCDF waiting list in the geographic area served by the Grantee. The Lead Agency sends mailings to those families making them aware of the Head Start programs in their area that have openings. Head Start information is also part of the Lead Agency website. Information on Head Start is available at <http://www.in.gov/fssa/carefinder/2679.htm>. Early intervention Service Coordinators are also responsible for providing information on available resources to families participating in the First Steps program. Families can also contact the statewide 2-1-1 network for assistance
- c) Low Income Home Energy Assistance Program (LIHEAP): Local CCR&R agencies, CCDF Intake Agents, and other community partners sign an MOU to work together on efforts to support families. These efforts include providing families with materials such as fliers and brochures of where to apply for LIHEAP. Intake Agents are required to provide CCDF clients with information about other available resources including LIHEAP. Early intervention Service Coordinators are also responsible for providing information on available resources to

families participating in the First Steps program. Families can also contact the statewide 2-1-1 network for assistance.

The Lead Agency has provided all Intake Agents with the “FSSA Resource Guide”. This guide is dedicated to helping Hoosiers live productive, safe and healthy lives and includes information about LIHEAP. The guide is designed to help providers, community and faith-based organizations connect those who are in need with a variety of available services. This guide is also available electronically at [http://www.in.gov/fssa/files/FSSA\\_Resource\\_Guide.pdf](http://www.in.gov/fssa/files/FSSA_Resource_Guide.pdf).

- d) Supplemental Nutrition Assistance Programs (SNAP- formerly known as Food Stamps) Local CCR&R agencies, CCDF Intake Agents, and other community partners sign an MOU to work together on efforts to support families, which includes providing families with information such as fliers and brochures about SNAP. CCDF Intake Agents are required to provide clients with information about available resources including SNAP. Early intervention Service Coordinators are also responsible for providing information on available resources to families participating in the First Steps program. Families can also contact the statewide 2-1-1 network for assistance.

The Lead Agency has provided all Intake Agents with the “FSSA Resource Guide”. This guide is dedicated to helping Hoosiers live productive, safe and healthy lives. The guide is designed to help providers, community service agencies and faith-based organizations connect those who are in need with a variety of available services. This resource guide is also available electronically at [http://www.in.gov/fssa/files/FSSA\\_Resource\\_Guide.pdf](http://www.in.gov/fssa/files/FSSA_Resource_Guide.pdf).

- e) Women, Infants, and Children Program (WIC) Local CCR&R agencies, CCDF Intake Agents, and other community partners sign an MOU to work together on efforts to support families, which includes providing families with information such as fliers and brochures about WIC. Intake Agents are required to provide CCDF clients with information about other available resources including WIC. Early intervention Service Coordinators are also responsible for providing information on available resources to families participating in the First Steps program. Families can also contact the statewide 2-1-1 network for assistance.

The Lead Agency has provided all Intake Agents the “FSSA Resource Guide”. This guide is dedicated to helping Hoosiers live productive, safe and healthy lives. The Resource Guide includes information on WIC including contact information. The guide is designed to help providers and community and faith-based organizations connect those who are in need with services. This guide can also be accessed electronically at [http://www.in.gov/fssa/files/FSSA\\_Resource\\_Guide.pdf](http://www.in.gov/fssa/files/FSSA_Resource_Guide.pdf).

- f) Child and Adult Care Food Program (CACFP): The Lead Agency contracts with the Child Care Resource and Referral Central Office (CCR&R CO) to provide information to families about the benefits of CACFP during the child care referral process. Additionally, Local CCR&R agencies work with providers to make sure all are aware of the benefits of participating in CACFP. Some local CCR&R agencies are also sponsors of the food program. The Lead Agency



works with the Indiana Department of Education on coordination of services including trainings, the alignment of requirements, and monitoring for compliance.

- a) Medicaid: Local CCR&R agencies, CCDF Intake Agents, and other community partners sign an MOU to work together on efforts to support families, which includes providing families with materials such as fliers and brochures about Medicaid. FSSA has recently implemented a significant media campaign, including radio, television, billboards and other materials to inform families about how to obtain health insurance through HIP 2.0 and other Medicaid programs. Intake Agents are required to provide CCDF clients with information about available resources including Medicaid (Hoosier Healthwise and HIP 2.0). Families can also contact the 2-1-1 network for assistance. Early intervention Service Coordinators are also responsible for providing information on available resources to families participating in the First Steps program.

The Lead Agency has provided all Intake Agents the “FSSA Resource Guide”. This guide is dedicated to helping Hoosiers live productive, safe and healthy lives. The Resource Guide includes information on Medicaid. The guide is designed to help providers, community agencies and faith-based organizations connect those who are in need with a variety of services. This guide is also available electronically at [http://www.in.gov/fssa/files/FSSA\\_Resource\\_Guide.pdf](http://www.in.gov/fssa/files/FSSA_Resource_Guide.pdf).

- g) Children's Health Insurance Program (CHIP) Local CCR&R agencies, CCDF Intake Agents, and other community partners sign an MOU to work together on efforts to support families, which includes the provision of materials such as fliers and brochures about CHIP. Families can also contact the 2-1-1 network for assistance. Early intervention Service Coordinators are also responsible for providing information on available resources to families participating in the First Steps program.

The Lead Agency has provided all Intake Agents the “FSSA Resource Guide”. This guide is dedicated to helping Hoosiers live productive, safe and healthy lives. The guide is designed to help providers, community agencies and faith-based organizations connect those who are in need with a variety of services. This guide is also available electronically at [http://www.in.gov/fssa/files/FSSA\\_Resource\\_Guide.pdf](http://www.in.gov/fssa/files/FSSA_Resource_Guide.pdf).

- h) Individuals with Disabilities Education Act (IDEA): Local CCR&R agencies, CCDF Intake Agents, and other community partners sign an MOU to work together on efforts to support families, which includes fliers and brochures about IDEA. Early intervention Service Coordinators are also responsible for providing information on available resources to families participating in the First Steps program including case management services for children transitioning to IDEA part B.
- i) Other State/Federally Funded Child Care Programs (e.g., state pre-kindergarten) The state funded preschool program, On My Way (OMW) Pre-K, is housed within the Lead Agency. The Lead Agency has contracted with the CCDF Intake Agencies to determine eligibility of



families for OMW. Families seeking CCDF vouchers are also encouraged to apply for OMW as available and if eligible. The Lead Agency oversees local pre-K outreach efforts that includes written materials such as signs, brochures and flyers, as well as a radio campaign during the application period.

The Lead Agency has provided all Intake Agents the “FSSA Resource Guide”. This guide is dedicated to helping Hoosiers live productive, safe and healthy lives. This Resource Guide includes information on the state-funded pre-k initiatives. The guide is designed to help providers and community and faith-based organizations connect those who are in need with services. This guide is also available electronically at [http://www.in.gov/fssa/files/FSSA\\_Resource\\_Guide.pdf](http://www.in.gov/fssa/files/FSSA_Resource_Guide.pdf).

- j) Other early childhood programs (e.g., Maternal, Infant, and Early Childhood Home Visiting program) Local CCR&R agencies, CCDF Intake Agents, and other community partners sign an MOU to work together on efforts to support families, which includes providing information on home visiting. The Indiana Early Learning Advisory Council (ELAC) is working on initiatives to expand and coordinate home visiting services. Consumer education for families, providers and the community will be considered as part of any initiative. The Lead Agency participates on the Indiana Home Visiting Advisory Board (INHVAB) to ensure coordination between CCR&R, CCDF, and Home visiting programs, including programs funded through the Maternal Infant and Early Childhood Home Visiting grant.

2.2.5 Describe how the State/Territory shares information with providers (where applicable) to link families to these other available human service programs. For example, does the State/Territory provide information to providers through CCR&R outreach, as a condition of their contract or voucher agreement, through community-based hub agencies that partner with subsidy providers, county/local collaboration, through quality rating and improvements systems, etc.?

- a) Temporary Assistance for Needy Families (TANF) Local Child Care Resource and Referral (CCR&R) agencies, CCDF Intake Agents, and other community partners sign an MOU to work together on efforts to support families, which includes disseminating fliers and brochures about where to apply for TANF to providers. The Lead Agency hosts a website that shares information about available family and provider supports. The Lead Agency has provided all Intake Agents, CCR&R agencies, and Child Care Licensing Consultants with the “FSSA Resource Guide”. This guide is dedicated to helping Hoosiers live productive, safe and healthy lives. The information in this guide is designed to help providers, community serving agencies and faith-based organizations connect those who are in need with services. The guide is available online for providers at [http://www.in.gov/fssa/files/FSSA\\_Resource\\_Guide.pdf](http://www.in.gov/fssa/files/FSSA_Resource_Guide.pdf).
- b) Head Start and Early Head Start Programs The Lead Agency works with the Head Start State Collaboration Office, which is housed within the Lead Agency, to provide information on Head Start/Early Head Start programs to child care providers and ensure coordination of services at the local level. Links to information about Head Start/Early Head Start are

available to providers on the [www.childcarefinder.in.gov](http://www.childcarefinder.in.gov) website.

- c) Low Income Home Energy Assistance Program (LIHEAP) Local CCR&R agencies, CCDF Intake Agents, and other community partners sign an MOU to work together on efforts to support families, which includes disseminating fliers and brochures about where to apply for LIHEAP to providers. The Lead Agency hosts a website that shares information about available family and provider supports. The Lead Agency has provided all Intake Agents, CCR&R agencies, and Child Care Licensing Consultants with the “FSSA Resource Guide”. This guide is dedicated to helping Hoosiers live productive, safe and healthy lives. The information in this guide is designed to help providers, community serving agencies and faith-based organizations connect those who are in need with services. The guide is available online for providers at <http://www.in.gov/fssa/4998.htm>.
- d) Supplemental Nutrition Assistance Programs (SNAP- formerly known as Food Stamps) Local CCR&R agencies, CCDF Intake Agents, and other community partners sign an MOU to work together on efforts to support families, which includes disseminating fliers and brochures about where to apply for SNAP to providers. The Lead Agency hosts a website to share information about available human service programs. The Lead Agency has provided all Intake Agents, CCR&R agencies, and Child Care Licensing Consultants with the “FSSA Resource Guide”. This guide is dedicated to helping Hoosiers live productive, safe and healthy lives. The guide is designed to help providers, community serving agencies, and faith-based organizations connect those who are in need with services. The guide is available online for providers at <http://www.in.gov/fssa/4998.htm>.
- e) Women, Infants, and Children Program (WIC) Local CCR&R agencies, CCDF Intake Agents, and other community partners sign an MOU to work together on efforts to support families, which includes disseminating fliers and brochures about where to apply for WIC to providers. The Lead Agency hosts a website to share information about available human service programs. The Lead Agency has provided all Intake Agents, CCR&R agencies, and Child Care Licensing Consultants with the “FSSA Resource Guide”. This guide is dedicated to helping Hoosiers live productive, safe and healthy lives. The guide is designed to help providers and community and faith-based organizations connect those who are in need with services. The guide is available online for providers at <http://www.in.gov/fssa/4998.htm>.
- f) Child and Adult Care Food Program(CACFP) Providers who apply for child care licensing, registration and/or certification receive information about the CACFP program and how to become a CACFP provider. The Lead Agency collaborates with the CACFP office to support providers in achieving and maintaining compliance with Indiana’s new health regulations that require legally license exempt CCDF providers to provide adequately timed and nutritious meals and snacks. The Lead Agency and our partners at CACFP encouraging these providers to participate in the CACFP program as a simple way to ensure compliance and as a critical financial support for the program’s sustainability. Additionally, several CCDF-funded

Child Care Resource and Referral (CCR&R) agencies are CACFP food sponsors and provide direct support and training to providers around CACFP.

- g) Medicaid Local CCR&R agencies, CCDF Intake Agents, and other community partners sign an MOU to work together on efforts to support families, which includes disseminating fliers and brochures of where to apply for Medicaid to providers. The Lead Agency hosts a website to share information about available human service programs. The Lead Agency has provided all Intake Agents, CCR&R agencies, and Child Care Licensing Consultants with the “FSSA Resource Guide”. This guide is dedicated to helping Hoosiers live productive, safe and healthy lives. The guide is designed to help providers and community and faith-based organizations connect those who are in need with services. The guide is available online for providers at <http://www.in.gov/fssa/4998.htm>. Additionally, child care providers will be receiving information about HIP Link, a support for employers who are paying for qualified employee health coverage.
- h) Children's Health Insurance Program (CHIP) Local CCR&R agencies, CCDF Intake Agents, and other community partners sign an MOU to work together on efforts to support families, which includes fliers and brochures about where to apply for CHIP to providers. The Lead Agency hosts a website to share information about available human service programs including CHIP. The Lead Agency has provided all Intake Agents, CCR&R agencies and Child Care Licensing Consultants with the “FSSA Resource Guide”. This guide is dedicated to helping Hoosiers live productive, safe and healthy lives. The guide is designed to help providers and community and faith-based organizations connect those who are in need with services. The guide is available online for providers at <http://www.in.gov/fssa/4998.htm>.
- i) Individuals with Disabilities Education Act (IDEA) Local CCR&R agencies, CCDF Intake Agents, and other community partners sign an MOU to work together on efforts to support families, which includes disseminating fliers and information about the First Steps early intervention program to providers. The Lead Agency hosts a website to share information about available human service programs, including First Steps. The Lead Agency has provided all Intake Agents, CCR&R agencies and Child Care Licensing Consultants with the “FSSA Resource Guide”. This guide is dedicated to helping Hoosiers live productive, safe and healthy lives. The guide is designed to help providers and community and faith-based organizations connect those who are in need with services. The guide is available online for providers at <http://www.in.gov/fssa/4998.htm>.
- j) Other State/Federally Funded Child Care Programs (example-State Pre-K) Indiana’s two State-funded preschool pilot programs, On My Way (OMW) Pre-K and the Early Education Matching Grant program are both housed within the Lead Agency. The Lead Agency, in partnership with CCR&R and local pre-k leadership teams, actively promotes pre-k participation for all provider types including public and non-public schools, community based providers including Head Starts, licensed centers, licensed child care homes, and faith-based registered ministries. Providers must be rated level 3 or 4 on Paths to QUALITY, so this outreach includes the provision of quality improvement and capacity building grants.

- k) Other early childhood programs (e.g., Maternal, Infant, and Early Childhood Home Visiting program) The Lead Agency partners with the Indiana State Department of Health, Maternal and Child Health Division and Indiana's child welfare agency, the Department of Child Services, to improve local-level collaboration between home visiting, including Healthy Families Indiana and Nurse Family Partnership, Child Care Resource and Referral, the CCDF subsidy program, and the Community Partners for Child Safety program. One goal of this partnership is to ensure that local CCR&R agencies and CCDF Intake Agents have information about home visiting programs and other child abuse prevention efforts to share with providers in their communities.

2.2.6 Describe how the State/Territory makes available information to parents of eligible children, the general public, and where applicable, providers (see also section 6) about research and best practices in child development, including all domains of early childhood development, including social and emotional development, cognitive, and physical health and development (particularly healthy eating and physical activity), and meaningful parent and family engagement.  
(658E(c)(2)(E)(VI))

- a) Describe how the State/Territory makes information about research and best practices in child development available to parents of eligible children, providers and the general public
- The Lead Agency host two websites, [www.childcarefinder.in.gov](http://www.childcarefinder.in.gov) and [www.childcareindiana.org](http://www.childcareindiana.org) to provide information about research and best practice in child development. These websites are under continual development to increase and improve the information available. Current information includes information on Paths to QUALITY, our state's quality rating and improvement system, and links to a robust child care search and the inspection histories of providers. This site contains links to information on research and best practice in child development. This information covers all domains of early childhood development including social and emotional development, cognitive, and physical health and development, as well as meaningful parent and family engagement.

The Indiana Early Learning Advisory Council (ELAC) has seven workgroups that work to develop evidence-based resources and materials to support families, providers and other community stakeholders. The Lead Agency works with the Indiana Early Learning Advisory Committee (ELAC) to make these resources available and embed them across initiatives. In January, the ELAC will launch its own website to provide extensive information to stakeholders. One example of the ELAC's development of an evidence-based resource is the Indiana Family Engagement Toolkit. The toolkit was developed by a team of child development and family engagement experts and is designed to help define family engagement for Indiana families; help programs embed research based family engagement; help programs realize the quality family engagement work they are already doing; and provide helpful suggestions for continuous quality improvement. An online introduction to the toolkit was provided to state-funded pre-k providers and technical assistance providers (Paths to QUALITY coaches). Additional training will be available to providers and coaches on family engagement. Additionally, the ELAC, in partnership with the Lead Agency and the

Indiana Department of Education is working to develop a family friendly version of the Indiana's early learning guidelines, the Indiana Early Learning Foundations. When these materials are available they will be widely disseminated. The Lead Agency will continue to work with the ELAC to make best practice toolkits and materials widely available.

The Lead Agency partners with the local Child Care Resource and Referral (CCR&R) agencies to provide information via their individual websites and Facebook pages. The Lead Agency is also partnering with Early Learning Indiana's Partnerships for Early Learners on a Texting initiative.

The Lead Agency funds coaches and other technical assistance specialists, including infant/toddler specialists, inclusion specialists and school age specialists, to provide evidence based, best practice information to providers of all types. The Lead Agency also funds outreach specialists to provide this information to community stakeholders and referral specialists to provide information to families.

The Lead Agency funds a centralized Consumer Education Office through the Child Care Resource and Referral Central Office (CCR&R CO) to provide information on child development, best practices, and information on child care, out-of-school time programs, early learning, and youth development. The Consumer Education Office Referral Specialists also answer family questions and take complaints.

The Lead Agency releases regular reports on research funded by the state including research on Paths to QUALITY and the Early Education Matching Grant program.

- b) Describe what you provide and how (i.e., methods such as written materials, direct communication, etc.) The Lead Agency provides:
- a) written materials, such as the ELAC developed toolkits and materials and summaries of recent research reports, both in print and electronically through websites including the ELAC website, childcarefinder.in.gov, childcareindiana.org, through social media through texting, Twitter and Facebook ;
  - b) direct communication through quality improvement coaches and technical assistance specialists, the Consumer Education Office, Outreach Specialists and local Referral specialists; and
  - c) professional development opportunities through the local CCR&R networks and the community college network and institutes of higher education
- c) Describe who you partner with to make information about research and best practices in child development available:

The Lead Agency partners with many stakeholders to make information available including local CCR&R agencies, the Child Care Resource and Referral Central Office (CCR&R CO), the Indiana Association for the Education of Young Children , the Indiana Department of Education, the Indiana Early Learning Advisory Committee, First Steps (Early Intervention), the Head Start State Collaboration Office, the Indiana State Department of Health Maternal Child and Health Division, the Indiana Home Visiting Advisory Board, the Indiana Association



for Infant and Toddler Mental Health, the Department of Child Services, Child Care Provider Advisory Groups, and various parent organizations.

2.2.7 Describe how information on the State/Territory's policies regarding the social-emotional/behavioral and early childhood mental health of young children, which may include positive behavioral intervention and support models, and policies on expulsion of preschool-aged children (from birth to five for purposes of this requirement), in early childhood programs receiving CCDF is collected and disseminated to parents, providers and the general public. (658E(c)(2)(E)(i)(VII))

a) Describe how the State/Territory makes information regarding social-emotional/behavioral and early childhood mental health of young children, which may include positive behavioral intervention support models, available to parents of eligible children, providers and the general public. At minimum, describe **what** you provide (e.g., early childhood mental health consultation services to child care programs) and **how** (i.e., methods such as written materials, direct communication, etc.) for each group:

i. Parents: The Lead Agency makes information regarding social-emotional/behavioral and early childhood mental health available to through [www.childcarefinder.in.gov](http://www.childcarefinder.in.gov) and [www.childcareindiana.org](http://www.childcareindiana.org). These sites house information on Paths to QUALITY, our state's Quality Rating and Improvement System, as well as information on research and best practice in social and emotional development and early childhood mental health.

The Lead Agency partners with Child Care Resource and Referral Agencies to provide enhanced referrals to families with children with special needs. During an enhanced referral, a CCR&R Inclusion Specialist works closely with the family to provide information regarding social-emotional/behavioral and mental health and identify a child care program that will meet their needs. After the family selects a program, the Inclusion Specialist follows up with them to ensure the program meets their needs and provides technical assistance to the provider if necessary.

ii. Providers: All child care providers participating in Indiana's Quality Rating and Improvement System, Paths to QUALITY, receive technical assistance from Paths to QUALITY Coaches. These Coaches provide ongoing individualized support, including support for meeting standards related to social-emotional/behavioral and early childhood mental health.

The Lead Agency partners with Child Care Resource and Referral Agencies to provide training and technical assistance to child care providers around social-emotional/behavioral and early childhood mental health, including training and technical assistance provided through the CLIMBS Project (Caregivers Learning Indiana's Model for



Building Social Skills). The CLIMBS project is designed to assist child care providers in increasing the social and emotional appropriateness of their program using research and tools from the Center on the Social and Emotional Foundations for Early Learning. As part of the CLIMBS project, the CCR&R Inclusion Specialists work with child care programs to provide onsite technical assistance, provide individualized training for program staff, and conduct pre- and post-assessments of the social and emotional appropriateness of their programs.

The Lead Agency partners with the Indiana Association for Infant and Toddler Mental Health (IAITMH), a subsidiary of Mental Health America of Indiana (MHA). The Lead Agency is coordinating with IAITMH to help Child Care Resource and Referral Infant Toddler and Inclusion Specialists obtain Level 2 of the Infant Mental Health Endorsement (IMH-E). The Lead Agency has also partnered with IAITMH to develop 10 online modules on infant and toddler mental health.

- iii. The general public: The Lead Agency makes information regarding social-emotional/behavioral and early childhood mental health available to through [www.childcarefinder.in.gov](http://www.childcarefinder.in.gov) and [www.childcareindiana.org](http://www.childcareindiana.org). These sites house information on Paths to QUALITY, our state's Quality Rating and Improvement System, as well as information on research and best practice in social and emotional development and early childhood mental health.

The Lead Agency sits on the Project LAUNCH leadership council. Project LAUNCH (Linking Actions to Unmet Needs in Children's Health) is a grant funded by the federal Substance Abuse and Mental Health Services Administration (SAMHSA) and is jointly administered in Indiana by the Maternal and Child Health (MCH) division of the Indiana State Department of Health (ISDH) and the Division of Mental Health and Addiction (DMHA) in the Indiana Family and Social Services Administration (FSSA). The lead agency coordinates with DMHA through Project LAUNCH to provide information on social-emotional/behavioral and early childhood mental health to families, providers, and the general public.

- b) Describe any partners used to make information regarding social-emotional/behavioral and early childhood mental health of young children available The Indiana Department of Education, Indiana's Early Learning Advisory Council, Child Care Resource and Referral, and The Indiana Association for the Education of Young Children

- c) Does the State have a written policy regarding preventing expulsion of:

- Preschool-aged children (from birth to five) in early childhood programs receiving child care assistance?

☒ Yes. If yes, describe how the State/Territory makes information about that policy available to parents, providers and the general public (what you provide, how you provide and any partners used) and provide a link

**Parents:** *During an eligible pre-k parent's enrollment appointment, Intake agents are required to collect a signed parent agreement and assure parents understand all items on the agreement. Parents receive a copy of this signed agreement for their records. The parent agreement includes this statement explaining the pre-k program's expulsion policy:*

*"I understand the On My Way Pre-K program of my choice will promote my children's social-emotional and behavioral health and this program will only use expulsion, suspension, and other exclusionary discipline practices as a last resort in extraordinary circumstances where there is a determination of a serious safety threat that cannot otherwise be reduced or eliminated by the provision of reasonable modifications."*

**Providers:** *Approved Pre-K programs receive The Provider Agreement to read, initial each program requirement, and sign that they agree to all requirements to fully participate as an enrolled On My Way Pre-K provider. In regards to expulsion, providers must initial that they agree to:*

*"Promote children's social-emotional and behavioral health and eliminate or severely limit the use of expulsion, suspension, and other exclusionary discipline practices; these exclusionary measures should be used only as a last resort in extraordinary circumstances where there is a determination of a serious safety threat that cannot otherwise be reduced or eliminated by the provision of reasonable modifications."*

*Programs are not added to the approved pre-k provider list, used by parents during their enrollment appointment to choose a program for their child's grant, until this signed agreement is received. A list of approved providers can be found at: <http://www.in.gov/fssa/4932.htm> or [www.onmywayprek.org](http://www.onmywayprek.org).*

☐ No.

☐ School-age children from programs receiving child care assistance?

☐ Yes. If yes, describe how the State/Territory makes information about that policy available to parents, providers and the general public (what you provide, how you provide and any partners used) and provide a link

☒ No.

## 2.2.8 Coordination with Other Partners to Increase Access to Developmental Screenings

The State/Territory must develop and describe procedures for providing information on and referring families to existing developmental screening resources and services. (658E(c)(2)E(ii)) At

a minimum, the State/Territory must establish procedures to provide information to families and child care providers on: (1) Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program carried out under Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) and developmental screening services available under section 619 and part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.); and (2) a description of how a family or child care provider receiving CCDF may utilize the resources and services to obtain developmental screenings for children receiving CCDF who may be at risk for cognitive or other developmental delays, which may include social, emotional, physical, or linguistic delays. Describe the status of the State/Territory's procedures for providing information on and referring families to existing developmental screening services.

☒ Fully implemented and meeting all Federal requirements outlined above. List the Lead Agency policy citation(s) and: \_\_\_\_\_

a) Describe procedures, including timelines for when infants, toddlers and preschoolers should be screened Indiana Office of Medicaid Policy and Planning has endorsed the use of the EPSDT program. Developmental screening with social emotional component is to occur at 9, 18 and 24-30 months per EPSDT schedule. The Lead Agency has identified the importance of the use of EPSDT and developmental screening. Prompts for developmental screening, lead screening, and TB risk have been added to the physical form used for children enrolling in licensed child care centers and are available for use in other child care settings.

b) Describe how CCDF families or child care providers receiving CCDF may utilize the resources and services to obtain developmental screenings for CCDF children at risk for cognitive or other developmental delays

**Screening Resources Available to Providers and Families**

Each of the nine local child care resource and referral agencies have the Ages and Stages 3 (ASQ-3™) and Ages and Stages Social-Emotional (ASQ-SE™) kits that can be checked out by parents and/or child care providers.

A webinar is available monthly on the Training Central website regarding the ASQ-3™ and the importance of developmental screenings. This training is available for free to the general public.

Inclusion Specialists based in each of the nine local child care resource and referral agencies (CCR&R) can provide training and/or on-site technical assistance on how to complete the ASQ-3™ or ASQ-SE™ tools as needed.

If a child care provider has a concern about a child's development, with parent permission, the local CCR&R Inclusion Specialist can go on-site and complete the ASQ-3™ or ASQ-SE™. This information will then be shared with the family and child care provider. They will also encourage the family to share it with the child's primary care physician. A parent may directly contact the local Inclusion Specialist to conduct an ASQ screening on their child at the child care as well.

Easter Seals Crossroads in Indianapolis has the ASQ-3™ tool on-line for parents to complete for free. The screening can be found at <http://www.eastersealscrossroads.org/easter-seals-make-the-first-five-count>. Someone will score the screening tool and get the results back to the family. If the results indicate a need for developmental services someone will help the parent at every age. Free online access to the ASQ-3™ is made possible by a grant from CVS Caremark Charitable Trust, Inc.

Child care providers can contact their local Head Start/Early Head Start to possibly a form an agreement that the Head Start or Early Head Start grantee will partner will them to conduct developmental screenings on their children. Head Start/Early Head Start is required in their performance standards to complete screenings on all of their children enrolled. The advantage to partnering with the Head Start/Early Head Start programs would be that the service providers (First Steps and school systems) are already used to working with Head Start/Early Head Start. They are also used to the screening tool that would be used.

According to law 511 IAC 7-40-1 (Child Find) each school system is responsible for having written procedures that ensure the location, identification and evaluation of all students three years of age, but less than twenty-two years of age, who are in need of special education and related services, regardless of the severity of their disabilities. For this reason parents can contact their local school system for developmental screenings.

Additionally, Child Care Resource and Referral agencies provide the following:

Training (face-to-face and webinars) on developmental screenings.

- The importance of
- How to conduct developmental screenings
- How to talk to parents about developmental screenings
- How to refer to other entities as needed
- What to do with the results once the screenings are complete

Training on how to complete an ASQ-3™ or ASQ-SE™ ASQ-3™ and ASQ-SE™ training/TA blend

- On-site technical assistance showing how to complete the tool and help the provider develop a policy for developmental screenings in their setting
- Training to share their policy with others in the group and tweak as needed

Developmental information is included in the referral packet for parents who call in looking for child care referrals

- A page explaining the importance of developmental screening, how to complete the tool that is included, how to score the tool and what to do with the results
- Information on First Steps and Special education entity for the family's county will also be shared

Project LAUNCH (Linking Actions to Unmet Needs in Children's Health) in Southeastern Indiana, as well as a few independent providers around the state, have implemented more widespread onsite developmental screening in child cares.

- ☐ Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.
- Overall Target Completion Date (no later than September 30, 2016) \_\_\_\_\_
  - Current Status – Describe the State/Territory's status toward completion implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other) \_\_\_\_\_
    - Implementation progress to date – Identify any requirement(s) partially or substantially implemented \_\_\_\_\_
    - Unmet requirement - Identify the requirement(s) not fully implemented \_\_\_\_\_.
  - Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) \_\_\_\_\_
    - Projected start date for each activity \_\_\_\_\_
    - Projected end date for each activity \_\_\_\_\_.
    - Agency – Who is responsible for complete implementation of this activity \_\_\_\_\_
    - Partners – Who is the responsible agency partnering with to complete implementation of this activity \_\_\_\_\_

2.2.9 Describe how the State/Territory meets the requirement to maintain a record of substantiated parental complaints. (658E(c)(2)(C))

- a) How does the State/Territory define substantiated parental complaint? All complaints are investigated by the Lead Agency. A validated complaint is one that we have determined to be accurate based on interviews, observations, and documentation. We use the term validated to identify complaints that have been investigated and found to be valid.

- b) How does the State/Territory maintain a record of substantiated parental complaints about providers (e.g., how long are records maintained and in what format) Complaints are documented electronically in our Child Care Information System (CCIS) database and a paper copy is kept in the facility's file. Complaints are maintained for ten (10) years.
- c) How does the State/Territory make substantiated parental complaints available to the public on request Validated complaints are available on our website, [www.childcarefinder.in.gov](http://www.childcarefinder.in.gov), under each provider's file. This can be accessed by the public. All complaints (validated, not validated, undetermined) are available by public records request.
- d) Describe how the State/Territory defines and maintains complaints from others about providers All complaints regardless of reporter type follow the same procedures as above.

2.2.10 How will the Lead Agency or partners provide outreach and services to eligible families for whom English is not their first language?

Check the strategies, if any, that your State/Territory has chosen to implement.

- ☐ Application in other languages (application document, brochures, provider notices)
- ☒ Informational materials in non-English languages
- ☒ Training and technical assistance in non-English languages
- ☐ Website in non-English languages
- ☒ Lead Agency accepts applications at local community-based locations
- ☒ Bilingual caseworkers or translators available
- ☒ Bilingual outreach workers
- ☒ Partnerships with community-based organizations
- ☐ Other \_\_\_\_\_
- ☐ None

2.2.11 If the Lead Agency checked any option above related to providing information or services in other non-English languages, please list the primary languages offered (top 3) or specify that the State/Territory has the ability to have translation/interpretation in all primary and secondary languages. The Lead Agency does their best to offer in whatever language is needed. Spanish and Burmese are the most common languages needing translations/interpretations.

## 2.3 Website for Consumer Education

The CCDBG Act of 2014 added a requirement that States and Territories have a website describing the State/Territory processes for licensing and monitoring child care providers, processes for conducting criminal background checks as required by law (see section 5.3), and



offenses that prevent individuals from being child care providers, and aggregate information on the number of deaths, serious injuries and child abuse in child care settings.

The State/Territory also must make public certain information about the results of such monitoring as required by law for both licensed and unlicensed providers receiving CCDF (see section 5.2) on a website in a way that is consumer-friendly and in an easily accessible format. (658E(c)(2)(D)) In order for a website to be a useful tool for parents, it should be easy to navigate, with a minimum number of clicks, and in plain language. States and Territories must post the results of the monitoring and inspection reports on the website no later than November 19, 2017. All other components of the website must be completed no later than September 30, 2016.

2.3.1 Describe the status of State/Territory's consumer education website.

- ☐ Fully implemented and meeting all Federal requirements outlined above. Provide the link to the website   and describe how the consumer education website meets the requirements to:
- a) Share provider-specific information about health and safety, licensing or regulatory requirements met by the provider (including the last date of inspection, and any history of violations)
  - b) Include a description of health and safety requirements and licensing or regulatory requirements for child care providers.
  - c) Include a description of the processes for licensing, background checks, monitoring, and offenses that prevent individuals from being providers
  - d) Provide annual aggregate information about the number of deaths, number of serious injuries as defined by the State/Territory and the number of incidences of substantiated child abuse in child care settings
  - e) Describe how the website is consumer-friendly, for example, allowing multiple ways to search for providers, defining terms such as exempt care and corrective action plans, presents the results of monitoring inspections in plain language, providing frequently asked questions, is accessible in multiple languages upon request, differentiating between violations based on risk to children, and easy to locate and navigate.
- ☒ Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date. Please provide brief text responses and

descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016 for all components of the website except posting the results of the monitoring on the website which is November 19, 2017) September 30, 2016
- Current Status – Describe the State/Territory’s status toward complete implementation for any requirement(s) not fully implemented (not yet started, in progress, partially completed, substantially completed, other) All requirements in this section are currently being met with the exception of recording deaths and injuries on the website.
  - Implementation progress to date – Identify any requirement(s) partially or substantially implemented  
The Lead Agency’s website, [www.childcarefinder.in.gov](http://www.childcarefinder.in.gov) provides health, safety, and regulatory information on all providers, including the last date of inspection and any validated complaints. Providers have the ability to present a response to how they have corrected any validated complaints.  
The [www.childcarefinder.in.gov](http://www.childcarefinder.in.gov) website includes a description of health and safety requirements and licensing requirements for all child care provider types.  
The [www.childcarefinder.in.gov](http://www.childcarefinder.in.gov) website describes the processes for licensing and monitoring, background checks and the crimes that are potentially prohibitive for child care staff.  
The website currently allows a consumer to search for a provider by County, type of provider, larger cities, zip codes and name. The website contains all of the provider type laws, regulations and Interpretive Guides.
  - Unmet Requirement(s) – Identify the requirement(s) that is not fully implemented. The Lead Agency currently tracks data on deaths and injuries but the information is not yet posted on the [www.childcarefinder.in.gov](http://www.childcarefinder.in.gov) website. A report will be housed on [www.childcarefinder.in.gov](http://www.childcarefinder.in.gov) providing information on serious injuries and the number of substantiated child abuse cases in child care. This report will also contain information on the number of deaths that have occurred within child care throughout the State.

- Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) The Lead Agency's databases need to be updated through a software enhancement so that the data on serious injuries and deaths populates on the Lead Agency's website
- Projected start date for each activity November, 2015
- Projected end date for each activity September 30, 2016
- Agency – Who is responsible for complete implementation of this activity The Office of Early Childhood and Out of School Learning
- Partners – Who is the responsible agency partnering with to complete implementation of this activity Indiana Interactive (software company)

### 3 Provide Stable Child Care Financial Assistance to Families

The expanded purposes of CCDBG highlight the opportunities States and Territories have to “deliver high-quality, coordinated early childhood care and education services to maximize parents’ options and support parents trying to achieve independence from public assistance”; and “to improve child care and development of participating children.” (658A(b)) Young children learn in the context of their relationships with adults, including their child care teacher or provider. The unintentional consequence of child care assistance that is linked to adult work and school obligation is that child care arrangements – and the opportunity for children to form trusting relationships with teachers – are often interrupted and unstable. Child care financial assistance policies that make it easier to get and keep assistance support continuity of care and relationships between the child and child care provider and enable parents to stay employed or complete training/education. Child care support that extends until families are able to pay the full cost of care themselves promotes longer lasting economic stability for families. CCDF funds may support families until they reach 85% of State Median Income (SMI).

The CCDBG Act of 2014 included requirements to establish minimum 12-month eligibility and redetermination periods, requiring that States and Territories have a process to account for irregular fluctuations in earnings, a policy ensuring that families’ work schedules are not disrupted by program requirements, policies to provide for job search of not less than three (3) months, and to describe policies for graduated phase-out of assistance. The definition of an eligible child includes that a family’s assets may not exceed \$1,000,000 (as certified by a member of such family). Procedures for enrollment of homeless children pending completion of documentation are also now required. There is nothing in statute to prohibit States from establishing policies that extend eligibility beyond 12 months or establish other similar policies to align program requirements that allow children enrolled in Head Start, Early Head Start, state or local pre-kindergarten and other collaborative programs to finish the program year and to promote continuity for families receiving services through multiple benefits programs.

### 3.1 Eligible Children and Families

At the point in time when eligibility is determined, children must (1) be under the age of 13, (2) reside with a family whose income does not exceed 85 percent of the State's median income for a family of the same size, and whose family assets do not exceed \$1,000,000 (as certified by a member of such family); and who (3)(a) resides with a parent or parents who are working or attending a job training or educational program; or (b) is receiving, or needs to receive, protective services and resides with a parent or parents not described in (3a.). (658P(4))

#### 3.1.1 Eligibility Criteria Based upon Child's Age

a) The CCDF program serves children from 1 (weeks/months/years) to 12 years (through age 12).

b) Does the Lead Agency allow CCDF-funded child care for children age 13 and above but below age 19 years who are physically and/or mentally incapable of self-care? (658E(c)(3)(B)), 658P(3))



Yes, and the upper age is 17 (may not equal or exceed age 19). Provide the Lead Agency definition of physical or mental incapacity – Children ages thirteen (13) years through seventeen (17) years for whom child care is requested due to physical or mental Incapacity must meet the definition of special needs as documented by enrollment in one or more of the following programs or services; Children with special health care services; Public school special education; or Supplemental Security Income (SSI)

☐ No.

c) Does the Lead Agency allow CCDF-funded child care for children age 13 and above but below age 19 years who are under court supervision? (658P(3), 658E(c)(3)(B))

☒ Yes, and the upper age is 17 (may not equal or exceed age 19)

☐ No.

#### 3.1.2 How does the Lead Agency define the following eligibility terms?

a) residing with – Families are eligible for child care subsidies when the applicant is the parent of a child who resides with them and the child is under the age of thirteen (13) years (or through age eighteen (18) years in cases of special needs).

b) in loco parentis – The definition of parent is a person related to the eligible child by blood, marriage, or adoption and including a legal guardian or other person standing in loco parentis (in the place of a parent). In order to apply for CCDF child care, the applicant must have physical custody of the child for whom services are being requested. The applicant must be age eighteen (18) or over unless the applicant is married, an emancipated minor, or a teenage parent.

#### 3.1.3 Eligibility Criteria Based on Reason for Care

a) How does the Lead Agency define “working, attending job training and education” for the purposes of eligibility at the point of determination? Provide a brief description

below, including allowable activities and if a minimum number of hours is required by State/Territory (not a federal requirement).

- working A working person is a person receiving wages or salary for performing services for another person or organization or receiving compensation for a service or product. These activities may be conducted through an employer or be considered self-employment and are documented by proof of income. There is no minimum number of working hours required.
- attending job training Training activities may include, but are not limited to, job readiness, community work experience, post secondary education including distance learning, vocational, educational, and academic training, adult basic education, English as a second language and general education degree programs. All educational programs must be completed through a certified or accredited secondary or post secondary training organization/institution. There is no minimum number of participation hours required.
- attending education Training activities may include, but are not limited to, job readiness, community work experience, post secondary education including distance learning, vocational, educational, and academic training, adult basic education, English as a second language and general education degree programs. All educational programs must be completed through a certified or accredited secondary or post secondary training organization/institution. There is no minimum number of participation hours required.

b) Does the Lead Agency allow parents to qualify for CCDF assistance on the basis of education and training participation alone (without additional minimum work requirements)?

☒ Yes.

☐ No. If no, describe additional requirements

c) Does the Lead Agency provide child care to children in protective services?

☒ Yes. If yes, how does the Lead Agency define “protective services” for the purposes of eligibility? Provide a brief description below.

1) Definition of protective services – Families with children who receive or need to receive child protective services as verified by the Local Department of Child Services (DCS) office can be eligible for CCDF child care services provided the Child Protective Services (CPS) caseworker indicates the family needs child care out of the child’s home. The service and financial need requirements are determined on a case by case basis for children who have been referred by their CPS caseworker as needing out of home care as part of the CPS case plan.

2) Does the Lead Agency waive the co-payment and income eligibility requirements for cases in which children receive, or need to receive, protective services on a case-by-case basis? (658E(c)(5))

☒ Yes.

☐ No.

**Note** – If the Lead Agency elects to provide CCDF-funded child care to children in foster care whose foster care parents are not working, or who are not in education/training activities for purposes of CCDF these children are considered to be in protective services and should be included in the protective services definition above.

☐ No

### 3.1.4 Eligibility Criteria Based on Family Income

a) How does the Lead Agency define “income” for the purposes of eligibility at the point of determination?

- Definition of income – A family’s total income from all countable sources prior to taxes and deductions

b) Provide the CCDF income eligibility limits in the table below. **Complete** columns (a) and (b) based upon maximum eligibility initial entry into the CCDF program. Complete columns (c) and (d) **ONLY IF** the Lead Agency is using income eligibility limits lower than 85% of the current SMI. Complete columns (e) and (f) with the maximum “exit” eligibility level if applicable and below the federal limit of 85% of current SMI. Note – If the income eligibility limits are not statewide, check here ☐. Describe how many jurisdictions set their own income eligibility limits \_\_\_\_\_. Fill in the chart based on the most populous area of the state.

Family Size	(a) 100% of State Median Income (SMI) (\$/month)	(b) 85% of State Median Income (SMI) (\$/month) [Multiply (a) by 0.85]	(c) (IF APPLICABLE) \$/month Maximum “Entry” Income Level if lower than 85% Current SMI	(d) (IF APPLICABLE) % of SMI [Divide (c) by (a), multiply by 100] Income Level if lower than 85% Current SMI	(e) (IF APPLICABLE) \$/month Maximum “Exit” Income Level if lower than 85% Current SMI	(f) (IF APPLICABLE) % of SMI [Divide (e) by (a), multiply by 100] Income Level if lower than 85% Current SMI
1	\$3,079	\$2,618	\$1,246	40%		
2	\$4,027	\$3,423	\$1,686	41%		
3	\$4,974	\$4,228	\$2,126	42%		
4	\$5,921	\$5,034	\$2,566	43%		
5	\$6,869	\$5,839	\$3,007	43%		

**Reminder** - Income limits must be provided in terms of current State Median Income (SMI) (or Territory Median Income) even if federal poverty level is used in implementing the program. Federal [poverty guidelines](http://aspe.hhs.gov/poverty/index.cfm) are available at <http://aspe.hhs.gov/poverty/index.cfm>.



c) SMI Source and year Federal Register Notice of LIHEAP for 2015

d) These eligibility limits in column (c) became or will become effective on February 28, 2016

e) Provide the link to the income eligibility limits <http://www.in.gov/fssa/carefinder/3900.htm>

### 3.1.5 Graduated Phase-Out of Assistance

The CCDBG Act of 2014 added a provision that requires States and Territories to provide for a graduated phase-out of assistance for families whose income has increased at the time of re-determination, but remains below the federal threshold of 85% of State median income. Providing a graduated phase-out supports long-term family economic stability by allowing for wage growth and a tapered transition out of the child care subsidy program. (658E (c)(2)(N)(iv))

Describe the status of the State/Territory's policy regarding graduated phase-out of assistance.

☒ Fully implemented and meeting all Federal requirements outlined above. List the Lead Agency's policy citation(s) and describe the policies and procedures for graduated phase-out A family will remain on the CCDF program if their income remains under 85% SMI. Families earning below 100% are not required to pay co-pay. For families earning more than 100% FPL must pay a copayment based on a sliding fee scale. The amount of the co-pay increases as a family's income increases. The copayment increases by 1% for each level below 170% of poverty and increases by 3% for each level beyond 170% of poverty. Additionally for each year a family has been on CCDF beyond 3 years the copayment increases an additional 1%. This gradual increase in cost sharing allows for a smoother transition off of CCDF subsidies when the family income exceeds 85% SMI.

☐ Not implemented. The State must provide a State-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste tables here. Your responses here will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016)
- Current Status – Describe the State/Territory's status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other)
  - Implementation progress to date – Identify any requirement(s) partially or substantially implemented
  - Unmet requirement - Identify the requirement(s) not fully implemented

- Tasks/Activities – What steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)
  - Projected start date for each activity
  - Projected end date for each activity
  - Agency – Who is responsible for complete implementation of this activity
  - Partners – Who is the responsible agency partnering with to complete implementation of this activity

### 3.1.6 Fluctuation in Earnings

The CCDBG Act of 2014 added a requirement that the Plan shall demonstrate how the State/Territory's (or designated local entity) processes for initial determination and redetermination take into account irregular fluctuations in earnings. (658E(c)(2)(N)(i)(II))

Note – this change requires that States and Territories have policies to account for the fact that some parents with seasonal or other types of work schedules may have irregular earnings over the course of a year, including changes that temporarily exceed 85% of SMI. States and Territories should have procedures to guide how eligibility and copayments are set in a manner to take such circumstances into account. For example, averaging family income over a period of time to broaden the scope of income verification to be more reflective of annual income rather than tied to a limited time frame that may have seasonal irregularities.

Describe the status of the State/Territory's policy related to the fluctuation in earnings requirement.

- ☐ Fully implemented and meeting all Federal requirements outlined above. List the Lead Agency's policy citation(s) and describe the circumstances that cover irregular fluctuations of earnings pursuant to this requirement \_\_\_\_\_

☒ Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) September 30, 2016
- Current Status – Describe the State/Territory's status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other)

The Lead Agency is in the process of researching appropriate policies.

- Implementation progress to date – Identify any requirement(s) partially or substantially implemented

The Lead Agency currently has policies around irregular work schedules such as plant shutdown, summer break leave for employees/students of school systems, vacation leave and sick leave. The Lead Agency also has policies around lump sum payments.

- Unmet requirement - Identify the requirement(s) not fully implemented

Lead Agency has not yet implemented policies for income that temporarily exceeds 85% SMI.

- Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

The Lead Agency is currently developing the needed policies for families whose income temporarily exceeds 85% SMI. The projected completion date for these policies is 5/31/16.

The Lead Agency will design and build the necessary software updates to support the new policies with a projected start date of 6/1/2016 and projected end date of 8/30/16.

The Lead Agency will train staff and fully implement new policies with a start date of 9/1/16 and full implementation no later than 9/30/16.

- Agency – Who is responsible for complete implementation of this activity OECOSL
- Partners – Who is the responsible agency partnering with to complete implementation of this activity Intake Agents, The Consultant Consortium (TCC, software vendor)

3.1.7 Describe how the Lead Agency documents, verifies and maintains applicant information. Check the information that the Lead Agency documents. There are no federal requirements for specific documentation or verification procedures.

☒ Applicant identity. Describe The applicant must submit one of the following forms of ID during the application process

- Driver's License
- Identification Card issued by any government
- Passport
- Military Identification Card
- School Identification Card
- Work Identification Card

After the application is complete documents are scanned for internal and State monitoring for accuracy and completeness.

☐ Applicant's relationship to the child. Describe \_\_\_\_\_

☒ Child's information for determining eligibility (e.g., identity, age, etc.). Describe

One of the following must be submitted for child identity during the initial application process:

- Birth Certificate
- Hospital Issued Certificate of Birth
- Birth Confirmation Letter
- ICES Screen
- Court Record of Adoption, Paternity, or Foster Placement, if date of birth is verified
- Documentation from the verifying agency of a foster child's date of birth
- A completed and notarized Paternity Affidavit, State Form 44780
- Identification Card issued by any government, if date of birth is on the card
- Passport
- Permanent Residency Card
- Hoosier Health or Medicaid Card, if date of birth is on the card
- School Enrollment Record or Identification Card, if date of birth is on the card
- Medical Immunization Record, if date of birth is on the document

After the application is complete documents are scanned for internal and State monitoring for accuracy and completeness.

One of the following must be submitted for child citizenship during the initial application process

- Any appropriate documentation of proof of birth issued in the United States
- Hoosier Healthwise or Medicaid card
- Valid Green Card
- Valid Visa
- Form I-94; Arrival / Departure Document
- Social Security Card
- Permanent Residency Card
- Valid State Identification Card
- ICES Screen

☒ Work. Describe At the time of application and recertification the applicant must provide proof of a service need. Service need must be employment, training/education or TANF/IMPACT. The following is the documentation required depending on the service need.

☒ Job training or Educational program. Describe

Job Training/Education

These training activities may include, but are not limited to:

Job Readiness

Community Work Experience (CWEP)  
Post-Secondary Education (including distance learning)  
Vocational and Educational Training and Academic Training  
Adult Basic Education (ABE)  
English as a Second Language (ESL), and  
General Education Degree (GED)  
Work / Study.

Education programs must be completed through a certified or accredited secondary or post secondary training organization/institution and could include post-secondary correspondence or distance learning. To find certified or accredited post-secondary training organizations / institutions, complete a search at [www.chea.org](http://www.chea.org), [www.detc.org](http://www.detc.org) or [www.ope.ed.gov/accreditation/](http://www.ope.ed.gov/accreditation/), or [www.in.gov/cpe](http://www.in.gov/cpe).

VERIFICATION OF EDUCATION/TRAINING SERVICE NEED (NON TANF IMPACT FAMILY)

School documentation must include the following in one or multiple documents:

- Student name
- School name (may be verified by intake)
- Credit hours taken and/or hours of participation
- Semester dates or begin and end date, if applicable

This verification may be in the form of the following:

- Registration form
- School schedule which may be printed from school website
- Statement on school letterhead

EDUCATIONAL RESTRICTIONS

TANF Impact households may participate in training activities if approved by their Impact caseworker.

Non-TANF Impact Households: Child Care benefits for non-TANF Impact households are allowable for post secondary education unless the applicant/co-applicant has received one four (4) year degree or two (2) Associate degrees. In addition, child care benefits used to support post-secondary education may not exceed sixteen (16) semesters.

After the application is complete, documents are scanned for internal and State monitoring for accuracy and completeness.

☒ Family income. Describe

At the time of application and recertification, the applicant must provide proof of all sources of income for the family to see if they meet income eligibility.

Countable Income includes the following:

1. Child Support/Spousal Maintenance:

Child Support is money paid on a regular basis by a non-custodial parent for the benefit of his or her child, which include direct payments and payments via the clerk of the circuit courts and/or the Division of Family Resources, Child Support Bureau. Maintenance is an allowance paid to one spouse by the other for support pending or after separation or divorce.

If the child for whom child support is received is not listed on the application, the child support is not counted.

If the paying non-custodial adult is listed on the application, the child support would not be counted.

Child support/spousal maintenance is documented by a completed CCDF Child Support / Maintenance Declaration form signed with a current date, excluding properly documented CPS or Foster CCDF Households.

2. Earned income (wages or salary) is defined as payments for labor or services usually according to a contract and on an hourly, daily, salaried, commission or piecework basis. For purposes of CCDF eligibility, earned income is counted using current wages prior to taxes and after qualifying deductions. Health/Dental/Vision insurance benefits are considered part of gross income and are not counted when there is an opposing deduction.

One of the following is appropriate verification of earned income:

A current pay stub;

A canceled check from the employer;

A computer generated wage summary from the employer;

A completed State Form 54092 received from the Division of Family Resources (DFR) which provides wage information for the current period;

An AEINC screen from a complete TANF Impact referral; or

A statement of earnings from The Work Number, a wage verification service utilized by specific employers.

3. Income earned from Self Employment

Self-employed earned income is revenue received directly from an Applicant or Co-Applicant's own business, trade or profession minus business expenses as declared. Applicants must be able to demonstrate collection of revenue from self-employment; however, an operating loss may be incurred and is reported as zero on the application, State Form 805. An Applicant may be asked by the Office to provide documentation of gross receipts and expenses. The following are appropriate documentation of self-employment;

A statement of Profit / Loss for the previous calendar month which will be documented as income in AIS; or



AEISE screen from a complete TANF Impact referral

4. Lump Sum Payments

The following documents are appropriate documentation of lump sum payments:

Pay Stub, including employer documentation of lump sum (bonus) frequency

Check Stub or record of direct deposit

Current documentation from issuing authority

Court Record of Lawsuit or Inheritance Settlement

5. Other: When other sources of income such as dividends, short term disability, investment income, and etc. are received, the gross receipts shall be counted.
6. Pensions and annuities: Pensions and annuities are paid to a retired person or his/her survivors by a former employer or union either directly or through an insurance company.
7. Benefits paid to a protective payee: If benefits are issued in someone else's name but for use by the Applicant or Co-Applicant, then the income must be counted. (i.e. Social Security, Veteran's Benefits, etc.). If this income is for a foster child, it is not counted toward eligibility.
8. Rental: Rental income received, less applicable mortgage, which may include escrow payment, from property owned by the Applicant and/or Co-Applicant.
9. Social Security Income: Social Security Income is money paid to an individual as cash assistance who is age qualified, a survivor of a qualified individual, a permanently disabled individual or an individual retired from the railroad. Lump Sum Social Security income payments are not counted.
10. Temporary Assistance for Needy Families (TANF): TANF is money paid as cash assistance to an adult in the assistance group.
11. Unearned Income for a TANF Impact case: Unearned income is income received by a TANF Impact Applicant or Co-Applicant from a source other than employment and TANF cash benefit.
12. Unemployment benefits: Unemployment is money paid from government unemployment insurance agencies or private companies during the period of unemployment. For purposes of CCDF eligibility, Unemployment income is counted prior to taxes and after qualifying deductions.
13. Veteran's Benefits: Veteran's benefits are money paid by the Veteran's Administration to disabled or retired members of the Armed Forces or to survivors of deceased veterans.
14. Worker's Compensation: Worker's compensation is money paid periodically from public or private insurance companies for injuries incurred at work. The cost of this insurance must have been paid by the employer and not the employee.

☐ Household composition. Describe

☒ Applicant residence. Describe

It is the responsibility of the Intake Agent to obtain documentation to verify the Applicant or Co-Applicant's physical residency, including street address, city and/or zip code. Any of the following are appropriate documents for verification of residency.

- Current rent receipt or signed and dated statement from landlord
- Current mortgage statement based on statement date or print date
- Current signed and dated statement from declared legal resident with whom the Applicant resides
- Current utility bill based on any of the following: end date of service period, meter reading date, or statement date (see definition of utility). When a complete address is not present; a municipal utility provider with a business name which includes the city of delivery may be used to document the city of residence.

- Lease or lease amendment for the existing lease period
- Dated reauthorization letter from Intake Agent which is not more than 60 days old
- Envelope from current mail received at address, which is not a window envelope and includes a dated postmark
- Current correspondence from state agencies such as Department of Workforce Development (DWD), Division of Family Resources (DFR), etc. including screen prints from ICES or [www.ifcem.com](http://www.ifcem.com) or other state supported website with a current print date which can be verified and documented
- Current correspondence from federal agencies such as the Social Security Administration with a current letter date
- Online documentation from the United States Postal Service showing an updated or changed address which includes a confirmation code
- Current documentation from a secondary or post-secondary school verifying the student's (Applicant or Co-Applicant's) registered address based on valid service need document
- Valid Indiana driver's license, valid Indiana state ID, valid Interim/Extension Indiana Regular ID Card, or any other valid government ID for Applicant or Co-Applicant
- Valid INS Green Card for Applicant or Co-Applicant
- Valid Indiana Vehicle Registration
- Current pay stub for Applicant or Co-Applicant
- Documentation from a Homeless or Domestic Violence Shelter which includes a signed and dated statement indicating county of residence only. For this purpose, a PO Box is acceptable
- Documentation of homelessness provided by the Division of Family Resources (DFR). The Applicant may utilize the DFR address as a mailing address. The Applicant's street address should be recorded as "homeless". The city and zip code should match the DFR address. Other homeless situations should be discussed with the appropriate CCDF Policy Consultant.

☐ Other. Describe \_\_\_\_\_

**Reminder** – Lead Agencies are reminded that, for purposes of implementing the citizenship verification requirements mandated by title IV of Personal Responsibility and Work Opportunity Reconciliation Act, only the citizenship and immigration status of the child, who is the primary beneficiary of the child care benefit, is relevant for eligibility purposes (ACYF-PI-CC-98-08). States may not deny child care benefits to an eligible child because the parent(s), legal guardians, persons standing in loco parentis, or other household members have not provided information regarding their immigration status. In addition, verification of child citizen status is not required when the child is served in a program meeting Early Head Start/Head Start standards, such as in Early Head Start – Child Care Partnerships, or public educational standards which may include pre-k settings (<http://www.acf.hhs.gov/programs/occ/resource/pi-2008-01>).

3.1.8 Which strategies, if any, will the Lead Agency use to assure the timeliness of eligibility determinations upon receipt of applications?

- ☒ Time limit for making eligibility determinations. Describe length of time Every two (2) weeks, if funds are available, the Intake Agent will be notified of an estimated number of non-TANF IMPACT children who can be added to the program from the waitlist. It is the

responsibility of the Intake Agent to notify and enroll children within the next eleven (11) days.

- ☒ Track and monitor the eligibility determination process
- ☐ Other. Describe \_\_\_\_\_
- ☐ None

3.1.9 Informing parents who receive TANF benefits about the exception to the individual penalties associated with the TANF work requirement

Per CCDF regulations, Lead Agencies are required to inform parents who receive TANF benefits about the exception to the individual penalties associated with the work requirement for any single custodial parent who has a demonstrated inability to obtain needed child care for a child less than 6 years of age (98.16(9) and 98.33(b)). This requirement did not change under the reauthorization, however Lead Agencies may wish to re-examine those definitions in light of new purposes articulated in Reauthorization and to promote alignment across programs. Lead Agencies must coordinate with TANF programs to ensure, pursuant that TANF families with young children will be informed of their right not to be sanctioned if they meet the criteria set forth by the State/Territory TANF agency in accordance with section 407(e)(2) of the Social Security Act.

In fulfilling this requirement, the following criteria or definitions are applied by the TANF agency to determine whether the parent has a demonstrated inability to obtain needed child care. **NOTE:** The TANF agency, not the CCDF Lead Agency, is responsible for establishing the following criteria or definitions. These criteria or definitions are offered in this Plan as a matter of public record.

a) Identify the TANF agency that established these criteria or definitions:

State/Territory TANF Agency the Division of Family Resources (DFR), FSSA

b) Provide the following definitions established by the TANF agency.

- "appropriate child care" Any child care which is provided in accordance with Indiana law. Appropriate child care is either licensed, registered or legally-license exempt.
- "reasonable distance" A round trip from home to child care setting is less than two (2) hours in duration by an automobile.
- "unsuitability of informal child care" Care which has resulted in abuse or neglect of a child or care which is subject to licensure requirements, but is not licensed.
- "affordable child care arrangements" Any care which is totally subsidized by the agency as TANF recipients are not expected to pay for child care

c) How are parents who receive TANF benefits informed about the exception to individual penalties associated with the TANF work requirements?

- ☒ In writing
- ☒ Verbally
- ☐ Other. Describe \_\_\_\_\_

☒ List the citation to this TANF policy 470 IAC 10.3-8-3 (c). Good cause for failure to comply with the requirements of this section shall be limited to the following:

1) The required actions were beyond the capability of the individual to perform.

2) The agency failed to provide the services needed by the individual to perform the required action.

3.1.10 The Lead Agency certifies that it will require a family member to certify that the family assets do not exceed \$1,000,000. A check-off on the application is sufficient.

☒ Yes. The Lead Agency certifies that it will require families to certify that the family assets do not exceed \$1,000,000 no later than September 30, 2016.

### 3.2 Increasing Access for Vulnerable Children and Families

At a minimum, CCDF requires Lead Agencies to give priority for child care assistance to children with special needs, or in families with very low incomes. This did not change under reauthorization. Prioritization of CCDF assistance services is not limited to eligibility determination (i.e., establishment of a waiting list or ranking of eligible families in priority order to be served). Lead Agencies may fulfill priority requirements in other ways such as higher payment rates for providers caring for children with special needs or waiving co-payments for families with very low incomes (at or below the federal poverty level). (658E(c)(3)(B))

3.2.1 Describe how the Lead Agency will prioritize or target child care services for the following children and families (658E(c)(3)(B)), including definitions, any time limits, grace periods or priority rules in the description:

a. Provide definition of "Children with special needs"

Documentation of a child with special needs must be made by evidence of enrollment in one or more of the following programs or services:

-Children with Special Health Care Services;

-First Steps Early Intervention System;

-Public School Special Education;

-Supplemental Security Income (SSI); or

-Head Start (those professionally diagnosed children with disabilities).

If documentation/verification of enrollment in at least one of the above-indicated programs cannot be obtained, the child will not be considered as a child with special needs until the documentation/verification can be provided. Providers and/or parents cannot self-declare that a child has special needs.

and describe how services are prioritized

Special needs are identified on the CCDF application and children with special needs receive priority over other CCDF eligible families.

- b. Provide definition of “Families with very low incomes” Very Low Income level is below 100% of the federal poverty level.

and describe how services are prioritized

Families receive the same priority as other CCDF eligible families. Copayments are waived for families with income under 100% of the Federal Poverty Level

- c. Describe how services for families receiving Temporary Assistance for Needy Families (TANF), those attempting to transition off TANF through work activities, and those at risk of becoming dependent on TANF are prioritized (Section 418(b)(2) of the Social Security Act)

TANF families receive priority over non-TANF families to receive CCDF services. Copayment is waived for TANF families who are below poverty level. We also coordinate with the TANF offices in receiving referrals.

### 3.2.2 Improving Access for Homeless Children and Families.

The CCDBG Act of 2014 places greater emphasis on serving homeless children and families. Stable access to high-quality child care provides tremendous benefits to all children, especially our most vulnerable children. Children and families who experience homelessness face many challenges. Improving access to child care can buffer children and families from the challenges and risks associated with homelessness by supporting children’s learning and development in safe, stable and nurturing environments. Under the new law, States and Territories are required to use CCDF funds to 1) allow homeless children to receive CCDF assistance after an initial eligibility determination but before providing required documentation (including documentation related to immunizations); 2) providing training and technical assistance to child care providers on identifying and serving homeless children and families (addressed in Section 6); and 3) conduct specific outreach to homeless families. (658E(c)(3))

States and Territories also must establish a grace period that allows homeless children and children in foster care (if served by the Lead Agency) to receive CCDF assistance while their families are taking the necessary actions to comply with immunization and other health and safety requirements as described in Section 5. This flexibility will make it significantly easier for these vulnerable families to access child care services. This language is consistent with current requirements established through CCDF regulations in 1998, which required a grace period in which children can receive services while families take the necessary actions to comply with the immunization requirements. (658E(c)(2)(i)(I)) ACF recommends States and Territories consult the definition of homeless in the McKinney-Vento Act (section 725 of subtitle VII-B) as you implement the requirements of this section as that definition is consistent with the required CCDF administrative data reporting requirements.

Describe the status of the State/Territory’s procedures to enroll and provide outreach to homeless families and establish a grace period for children in foster care, if served, for meeting immunization requirements

☒ Fully implemented and meeting all Federal requirements outlined above. Describe the following:

- a. Procedures to increase access to CCDF subsidies for homeless children and families, including the grace period to comply with immunization and health and safety requirements \_\_\_\_
  1. A licensed child care center, licensed home, registered ministry, and a legally license exempt provider may allow a 90 day grace period to receive immunization records and health and safety requirements if the child's file contains a signed parent/guardian statement indicating that the family is homeless.
- b. Procedures to conduct outreach to homeless families to improve access to child care services

Local Child Care Resource and Referral (CCR&R) agencies work with homeless shelters in their regions and provide information and referrals to families. Local CCR&R agencies also provide training to providers on serving homeless families and children. Additionally, the following steps have been taken to increase outreach and strengthen local partnership efforts:

- A list of the Regional Planning Council chair persons and their contact information has been shared with the local CCR&R Program Directors and Outreach Specialists.
  - A list of McKinney-Vento coordinators from the local educational agencies has been shared with the CCR&R Program Directors and Outreach Specialists.
  - The Child Care Resource and Referral Central Office (CCR&R CO) Consumer Education Office phone number and the contact information for the local CCR&R agencies will be shared with participants at the 2015 Conference on Homelessness, "Building Bridges to Collaboration." This conference is hosted by the Indiana Head Start State Collaboration Office (IHSSCO), which is housed within the Lead Agency.
  - All local CCR&R agencies were invited to the 2015 Conference on Homelessness, "Building Bridges to Collaboration."
  - Conference registration information was provided to all Indiana child care providers and all Indiana Head Start grantees.
- c. Procedures to provide a grace period to comply with immunization and other health and safety requirements to expedite enrollment for children who are in foster care if served by the Lead Agency to improve access to child care services
 

The Lead Agency allows a 90 day grace period for child care providers to collect immunization records for children in foster care and families that indicate they are homeless. The Lead Agency is responsible for the licensing/registration/certification of child care providers and works directly with providers on the grace period for homeless and foster children.

- ☐ Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than



September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) \_\_\_\_\_
- Current Status – Describe the State/Territory’s status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other) \_\_\_\_\_
  - Implementation progress to date – Identify any requirement(s) partially or substantially implemented \_\_\_\_\_
  - Unmet requirement - Identify the requirement(s) not fully implemented \_\_\_\_\_
- Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) \_\_\_\_\_
  - Projected start date for each activity \_\_\_\_\_
  - Projected end date for each activity \_\_\_\_\_
  - Agency – Who is responsible for complete implementation of this activity \_\_\_\_\_
  - Partners – Who is the responsible agency partnering with to complete implementation of this activity \_\_\_\_\_

### 3.3 Protection for Working Parents

#### 3.3.1 Twelve-Month Eligibility

The CCDBG Act of 2014 establishes a minimum 12-month eligibility and redetermination period for CCDF families. States and Territories are required to demonstrate in the Plan that no later than September 30, 2016 each child who receives assistance will be considered to meet all eligibility requirements for such assistance and will receive such assistance, for a minimum of 12 months before the State/Territory redetermines the eligibility of the child, regardless of changes in income (as long as income does not exceed the federal threshold of 85% of State median income) or temporary changes in participation in work, training, or education activities. (658E(c)(2)(N)(i) & (ii))

Note that this change means a State/Territory may not terminate CCDF assistance during the 12-month period if a family has an increase in income that exceeds the State’s income eligibility threshold, but not the federal threshold of 85% SMI.

In addition, this change means the State/Territory may not terminate assistance prior to the end of the 12-month period if family experiences a temporary job loss or temporary change in participation in a training or education activity. Examples of temporary changes include but are not limited to: absence from employment due to maternity or extended medical leave, changes in seasonal work schedule, or if a parent enrolled in training or educational program is temporarily not attending class between semesters.

Describe the status of the State/Territory’s establishment of 12-month eligibility and redetermination periods for CCDF families.

- ☒ Fully implemented and meeting all Federal requirements outlined above. List the Lead Agency's policy citation(s) and describe circumstances considered temporary changes in work, education or training that are not subject to termination \_\_\_\_\_

### **Indiana CCDF Policy Manual Section 3.3 SUBSIDY END DATE**

The subsidy end date is the date CCDF services will end, unless the Applicant or Co-Applicant completes the reauthorization process according to established policies and procedures. This date must be established based on the appropriate CCDF policies, and the duration of the Applicant or Co-Applicant's service need, not to exceed twelve (12) months unless other directed by the Lead Agency.

#### **3.3.1 MAXIMUM SUBSIDY PERIOD POLICY**

A subsidy period, inclusive of the subsidy begin and end date, may not exceed fifty-two (52) weeks in duration nor may it extend beyond the Applicant or Co-Applicant's documented service need, unless otherwise stated.

#### **3.3.2. EXTENDED SUBSIDY END DATES**

In situations where the Intake Agent questions or anticipates a change in the Applicant or Co-Applicant's service need, a subsidy period of more than fifty-two (52) weeks may be established to provide an opportunity to re-evaluate the Applicant or Co-Applicant's service need.

**3.3.4 SUBSIDY END DATE FOR JOB SEARCH** The subsidy period for non-TANF Impact Applicant participating in Job Search may exceed fifty-two (52) cumulative weeks to accommodate the completion of thirteen (13) weeks of job search in a twelve (12) month period beginning one day after loss of employment or completion/withdrawal from an education program.

#### **4.2.1 REQUIREMENT FOR REPORTING A CHANGE IN CIRCUMSTANCES POLICY**

An Applicant must report the loss of a service need, change in TANF status, change in CCDF Household composition, or change in address or phone number within ten (10) calendar days of occurrence to the Intake Agent and provide supporting documentation, if necessary. A failure to report changes timely may result in the termination of CCDF services and result in repayment of child care benefits paid on their behalf.

- ☐ Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016)
- Current Status – Describe the State/Territory's status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other)

- Implementation progress to date – Identify any requirement(s) partially or substantially implemented \_\_\_\_\_
- Unmet requirement - Identify the requirement(s) not fully implemented
- Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)
  - Agency – Who is responsible for complete implementation of this activity
  - Partners – Who is the responsible agency partnering with to complete implementation of this activity

### 3.3.2 State and Territory option to terminate assistance prior to 12 months

The CCDBG Act of 2014 provides States and Territories the option – but does not require them – to terminate assistance prior to re-determination at 12 months if a parent loses employment or if he or she stops attending a job training or education program (i.e., if the parent experiences a non-temporary change in their status as working, or participating in a training or education program). However, prior to terminating the subsidy, the State/Territory must provide a period of continued child care assistance of at least 3 months to allow parents to engage in job search, resume work, or to attend an education or training program as soon as possible.

(658E(c)(2)(N)(iii)) Nothing in the statute prohibits the State/Territory from starting a new 12-month eligibility and redetermination period if families are eligible at the end of their job search, training or education attendance period.

Note that unless the State allows a minimum 3-month job search period – the State/Territory may not exercise the option to terminate assistance based on a parent’s non-temporary job loss or cessation of attendance at a job training or educational program prior to the end of the minimum 12-month eligibility and re-determination period. The statute does not specify any documentation that States/Territories must require parents to submit regarding activities during periods of job search or finding training or education program requirements for this period.

Does the State/Territory terminate assistance prior to 12 months due to a parent’s non-temporary loss of work or cessation of attendance at a job training or education program?

☒ Yes, the State/Territory terminates assistance prior to 12 months due to parent’s loss of work or cessation of attendance at a job training or education program ONLY. List the Lead Agency’s policy citation(s) and describe the circumstances considered to be non-temporary job, education or training loss and provide the duration allowed for job search or resuming attendance in training or education programs

**Job Search Policy:** *An Applicant or Co-Applicant will receive up to thirteen (13) weeks job search upon completion or withdrawal from an educational or training program or loss of employment.*

☐ No, the State/Territory does not allow this option.

### 3.3.3 Prevent Disruption of Work

The CCDBG Act of 2014 added a requirement that States and Territories must describe in the Plan the procedures and policies in place to ensure that parents (especially parents in families receiving assistance under TANF) are not required to unduly disrupt their employment, education or job training activities in order to comply with the State/Territory's or designated local entity's requirements for redetermination of eligibility for assistance. (658E(c)(2)(N)(ii)) Examples include implementing re-determination strategies to verify income and employment electronically as opposed to more onerous practices such as asking parents and families to come to the subsidy office for an in-person visit, or aligning eligibility with other early care and education or public benefits programs to collect information centrally. The process by which States and Territories collect eligibility documentation represents a potential barrier to services, particularly when documentation can only be provided in-person during standard work hours. States and Territories can offer a variety of family-friendly mechanisms for submitting documentation for eligibility determinations and/or re-determination.

Describe the status of the State/Territory's redetermination procedures and policies to ensure that parents (especially parents receiving TANF) do not have their employment, education or job training unduly disrupted in order to comply with the State/Territory's or designated local entity's requirements for redetermination of eligibility.

☒ Fully implemented and meeting all Federal requirements outlined above. List the Lead Agency's policy citation(s) and describe the policies and procedures for not unduly disrupting employment

**REQUIRED NOTIFICATION OF UPCOMING REAUTHORIZATION**

*It is the responsibility of the Intake Agent to notify the Applicant of the impending reauthorization at least thirty (30) days prior to the current subsidy end date. The Intake Agent must allow the Applicant the choice of recertifying through face to face, mail in, fax or other means that do not unduly disrupt their employment, education or job training activities. The notification may be made using computer generated letters or agency letters which contain similar information, provided the mailing date has been documented.*

☐ Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016)
- Current Status – Describe the State/Territory's status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other)
  - Implementation progress to date – Identify any requirement(s) partially or substantially implemented

- Unmet requirement - Identify the requirement(s) not fully implemented \_\_\_\_\_
- Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)
  - Projected start date for each activity
  - Projected end date for each activity
  - Agency – Who is responsible for complete implementation of this activity
  - Partners – Who is the responsible agency partnering with to complete implementation of this activity

### 3.4 Family Contribution to Payment

The statute requires Lead Agencies to establish a sliding fee scale that varies based on income and the size of the family to be used in determining each family's contribution (i.e., co-payment) to the cost of child care that is not a barrier to families receiving CCDF. (658E(c)(5) In addition to income and size of the family, the Lead Agency may use other factors when determining family contributions/co-payments. The sliding fee scale is subject to review by ACF as part of ongoing monitoring efforts to CCDBG compliance.

- 3.4.1 Provide the CCDF copayments in the chart below according to family size for one child in care. Note – If the sliding fee scale is not statewide, check here ☐. Describe how many jurisdictions set their own sliding fee scale \_\_\_\_\_. Fill in the chart based on the most populous area of the State.

Family Size	(a) Minimum "Entry" Income Level	(b) What is the monthly copayment for a family of this size upon initial entry into CCDF?	(c) What is the percent of income for (b) ?	(d) Maximum "Entry" Income Level	(e) What is the monthly copayment for a family of this size upon initial entry into CCDF?	(f) What is the percent of income for (e)?
1	\$0.00	\$0.00	0%	\$1,246.00/month	\$87.00	7%
2	\$0.00	\$0.00	0%	\$1,686.00/month	\$118.00	7%
3	\$0.00	\$0.00	0%	\$2,126.00/month	\$150.00	7%
4	\$0.00	\$0.00	0%	\$2,566.00/month	\$181.00	7%
5	\$0.00	\$0.00	0%	\$3,007.00/month	\$212.00	7%

- a) What is the effective date of the sliding fee scale(s)? March 1, 2016
- b) Provide the link to the sliding fee scale [http://www.in.gov/fssa/files/CCDF\\_Sliding\\_Fee\\_Schedule\\_2015.pdf](http://www.in.gov/fssa/files/CCDF_Sliding_Fee_Schedule_2015.pdf)

- 3.4.2 How will the family's contribution be calculated and to whom will it be applied? Check all that apply.

- ☐ Fee is a dollar amount and
- ☐ Fee is per child with the same fee for each child

- ☐ Fee is per child and discounted fee for two or more children
- ☐ Fee is per child up to a maximum per family
- ☐ No additional fee charged after certain number of children
- ☐ Fee is per family
- ☒ Fee is a percent of income and
  - ☐ Fee is per child with the same percentage applied for each child
  - ☐ Fee is per child and discounted percentage applied for two or more children
  - ☐ Fee is per child up to a maximum per family
  - ☐ No additional percentage applied charged after certain number of children
  - ☒ Fee is per family
  - ☐ Contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1). Describe \_\_\_\_\_
  - ☐ Other. Describe \_\_\_\_\_

3.4.3 Will the Lead Agency use other factors in addition to income and family size to determine each family's copayment? (658E(c)(3)(B))

- ☒ Yes, and describe those additional factors using the checkboxes below.
  - ☐ Number of hours the child is in care
  - ☐ Lower copayments for higher quality of care as defined by the State/Territory
  - ☒ Other. Describe other factors: the number of years a family has been on CCDF after year three (3) is also used to determine the family's contribution to the cost of child care
- ☐ No.

3.4.4 The Lead Agency may waive contributions/co-payments from families whose incomes are at or below the poverty level for a family of the same size (98.42(c)). Will the Lead Agency waive family contributions/co-payments for families whose incomes are at or below the poverty level?

- ☒ Yes, the Lead Agency waives family contributions/co-payments for families with income at or below the poverty level for families of the same size. The poverty level used by the Lead Agency for a family size of 3 is \$ 1,674.00.
- ☐ No, the Lead Agency does not waive family contributions/co-payments.

3.4.5 How will the Lead Agency ensure the family contribution/co-payment, based on a sliding fee scale, is affordable and not a barrier to families receiving CCDF? Check all that apply.

- ☐ Limits the maximum co-payment per family. Describe \_\_\_\_\_



- ☐ Limits combined amount of copayment for all children to a percentage of family income. List the percentage of the copayment limit and describe \_\_\_\_\_
- ☒ Minimizes the abrupt termination of assistance before a family can afford the full cost of care (“the cliff effect”) as part of the graduated phase-out of assistance discussed in 3.1.5. Describe The co-pay for a family who earns above 100% of poverty will remain at the same percentage for the first three (3) years, which ranges from 5% of income (for families earning between 100-109% FPL) up to 19% of income (for families earning 85% SMI). At the beginning of the fourth year on the program, a family’s copayment will increase 1% for each year the family receives benefits. This graduated cost sharing smoothes the “cliff” and the burden of the full cost of care once a family reaches 85% SMI and is terminated from the program.
- ☐ Does not allow providers to charge families the difference between the maximum payment rate (addressed in section 4) and their private pay rate in addition to the copayment they are paying. Describe \_\_\_\_\_
- ☐ Covers all fees (such as registration, supplies, field trips) to minimize the additional fees charged to the families by the provider. Describe \_\_\_\_\_
- ☐ Other. Describe \_\_\_\_\_

#### 4 Ensure Equal Access to High Quality Child Care for Low-Income Children

The 2014 reauthorization of the CCDBG Act is designed to help States and Territories advance improvements to the quality of child care in order to promote the healthy social-emotional, cognitive and physical development of participating children. Ensuring that low-income and vulnerable children can access high-quality care (and remain enrolled to school entry and beyond) is an equally important purpose of CCDBG. Payment levels and policies have a major impact on access.

The CCDBG Act of 2014 revises the requirement for a market rate survey (MRS) so that: (1) it must be statistically valid and reliable; and (2) it must reflect variations in the cost of child care services by geographic area, type of provider, and age of child. Also, a State/Territory may develop and conduct an alternative methodology for setting payment rates, such as a cost estimation model, to take into account the cost of meeting quality requirements.

To provide stability of funding and encourage more child care providers to participate in the subsidy program, the State/Territory’s payment practices for CCDF child care providers must reflect generally accepted payment practices of non-CCDF child care providers in the State/Territory, such as paying for supplies, field trips, registration fees. In addition, to the extent practicable, the State/Territory must implement enrollment and eligibility policies that support the fixed costs of providing child care services by delinking provider payments from a child’s occasional absence due to holidays or unforeseen circumstances such as illness or closures due to emergency.

The CCDBG Act of 2014 added a provision that the State/Territory must also develop and implement strategies to increase the supply and improve the quality of child care services for: (1) children in

underserved areas; (2) infants and toddlers; (3) children with disabilities (the CCDBG Act of 2014 added a new definition of child with disability (658(P)(3)); and (4) children who receive care during non-traditional hours. With respect to investments to increase access to programs providing high-quality child care and development services, the State/Territory must give priority to children of families in areas that have significant concentrations of poverty and unemployment and that do not have such programs. (658 E(c)(2)(M))

#### 4.1 Parental Choice In Relation to Certificates, Grants or Contracts

The parent(s) of each eligible child who receive(s) or is offered financial assistance for child care services has the option of either enrolling such child with a provider that has a grant or contract for the provision of service or receiving a child care certificate. (658E(c)(2)(A)) This did not change under the CCDBG Act of 2014.

4.1.1 Describe how the parent of each eligible child is advised that the Lead Agency offers the option of selecting a provider that has a grant or contract or receiving a child care certificate (658E(c)(2)(A)(i), 658P(2)) Parents are advised of the option of contracts or certificates through the Child Care Resource and Referral Agency, CCDF Intake Agents and through other community partners. The Lead Agency also notifies families on the waiting list, through a mailing, of contract centers that have availability.

4.1.2 Describe how the parent is informed of the option to choose from a variety of child care categories – such as private, not-for-profit, faith-based providers (if using a certificate), centers, family child care homes, or in-home providers. (658E(c)(2)(A)(i), 658P(2), 658Q)) Check all that apply.

- ☒ Certificate form provides information about the choice of providers, including high quality providers
- ☐ Certificate is not linked to a specific provider so parents can choose provider of choice
- ☒ Consumer education materials on choosing child care
- ☒ Referral to child care resource and referral agencies
- ☒ Co-located resource and referral in eligibility offices
- ☒ Verbal communication at the time of application
- ☒ Community outreach, workshops or other in-person activities
- ☒ Other. Describe Agency website [www.childcarefinder.IN.gov](http://www.childcarefinder.IN.gov)

4.1.3 Child Care Services Available through Grants or Contracts

- a) In addition to offering certificates, does the Lead Agency provide child care services through grants or contracts for child care slots? (658A(b)(1))) **Note:** Do not check “yes” if every

provider is simply required to sign an agreement in order to be paid in the certificate program.



Yes. If yes, **describe:**

- the type(s) of child care services available through grants or contracts

This group of accredited, Level 4 Paths to QUALITY child care centers are from low income areas across the state that are contracted to deliver CCDF services. These contracts ensure that accredited care will be available in communities where such care might not survive without contract support. These sites are required to maintain national accreditation and level 4 in Paths to QUALITY

- the entities who receive contracts (e.g., shared services alliances, child care resource and referral agencies, family child care networks, community based agencies, child care providers, etc.) Level 4 Paths to QUALITY child care providers who service Infants, Toddlers, 3/4/5 years old and School Age children.
- the process for accessing grants or contracts Families have the option of a voucher or referral to a grantee funded through a contract. The contract center predetermines eligibility of the family, an electronic referral is then sent to the CCDF Intake Agent. The Intake agent then schedules an initial appointment to determine eligibility and awards the grant to the parent and contract provider.
- the range of providers available through grants or contracts Level 4 Paths to QUALITY child care providers throughout the state that maintain national accreditation
- how rates for contracted slots are set through grants and contracts the same rates for CCDF reimbursements are used based on provider type and child's age
- how the State/Territory determines which entities to contract with for increasing supply and/or improving quality The Lead Agency puts out to the public a Request For Funds (RFF), those RFF's are scored and then selected.
- if contracts are offered statewide and/or locally contracts are offered statewide



No. If no, skip to 4.1.4.

- b) Will the Lead Agency use grants or contracts for child care services to achieve any of the following (check all that apply):



Increase the supply of specific types of care with grants or contracts for:

- ☒ Programs to serve children with disabilities
- ☒ Programs to serve infants and toddlers
- ☒ Programs to serve school-age children
- ☐ Programs to serve children needing non-traditional hour care
- ☐ Programs to serve homeless children
- ☒ Programs to serve children in underserved areas
- ☐ Programs that serve children with diverse linguistic or cultural backgrounds
- ☐ Programs that serve specific geographic areas
  - ☒ Urban
  - ☒ Rural
  - ☐ Other. Describe \_\_\_\_\_
- ☒ Improve the quality of child care programs with grants or contracts for:
  - ☒ Programs providing comprehensive services, such as integrated child care in Head Start, Early Head Start, summer or other programs
  - ☒ Programs meeting higher quality standards, such as higher rated QRIS programs, accreditation or state pre-k programs that meet higher quality standards
  - ☐ Programs that provide financial incentives to teaching staff linked to higher education and qualifications link increased education requirements to higher compensation
  - ☒ Programs to serve children with disabilities or special needs
  - ☒ Programs to serve infants and toddlers
  - ☒ Programs to serve school-age children
  - ☐ Programs to serve children needing non-traditional hour care
  - ☐ Programs to serve homeless children
  - ☒ Programs to serve children in underserved areas
  - ☐ Programs that serve children with diverse linguistic or cultural backgrounds
  - ☒ Programs that serve specific geographic areas
    - ☒ Urban
    - ☒ Rural
    - ☐ Other. Describe \_\_\_\_\_

- 4.1.4 The Lead Agency certifies policies and procedures are in place that afford parents unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds. (658E(c)(2)(B)) This requirement did not change under the CCDBG Act of 2014. Describe the policies and procedures for unlimited access

*This is a requirement in the Provider Eligibility Standards for CCDF providers and is posted online in the regulations at [www.childcarefinder.IN.gov](http://www.childcarefinder.IN.gov). This is one of the standards that is checked during the annual inspections conducted on providers receiving CCDF subsidy payments. CCDF providers also sign a Provider Agreement acknowledging that parents will have unlimited access to their children.*

- 4.1.5 The Lead Agency must allow for in-home care (i.e., care provided in the child's own home) but may limit its use. Will the Lead Agency limit the use of in-home care in any way?

☒ Yes. If checked, what limits will the Lead Agency set on the use of in-home care? Check all that apply.

☒ Restricted based on minimum number of children in the care of the provider to meet minimum wage law or Fair Labor Standards Act. Describe: *An Applicant is eligible for in-home care when at least three (3) CCDF Household members are eligible for child care assistance unless otherwise approved by the Office*

☒ Restricted based on provider meeting a minimum age requirement. Describe *an individual over 18 years of age*

☐ Restricted based on hours of care (certain number of hours, non-traditional work hours). Describe *CCDF will pay no more than 40 hours of care*

☐ Restricted to care by relatives. Describe \_\_\_\_\_

☐ Restricted to care for children with special needs or medical condition. Describe \_\_\_\_\_

☒ Restricted to in-home providers that meet some basic health and safety requirements. Describe *in-home provider have to meet the Provider Eligibility Standards the same as all legally licensed exempt provider under IC 12-17.2-3*

☐ Other. Describe \_\_\_\_\_

☐ No

## 4.2 Assessing Market Rates and Child Care Costs

The new law revises the provisions for a market rate survey (MRS) so that: (1) it must be statistically valid and reliable; and (2) it must reflect variations in the price to parents of child care services by geographic area, type of provider, and age of child (658E(c)(4)(B)). A State/Territory has the option to develop and use a statistically valid and reliable alternative methodology for setting payment rates, such as a cost estimation model. Any payment rates established using an alternative methodology or market rate survey must be reviewed and approved by ACF as part of the CCDF Plan review process. Because

the alternative methodology is a new basis for setting payment rates, we highly recommend any State or Territory considering an alternative methodology to submit a description of its proposed approach to the ACF Regional Office in advance of the Plan submittal in order to avoid delays with Plan approval.

The MRS or alternative methodology must be developed and conducted no earlier than two years before the date of submission of the Plan (instead of two years before the effective date of the Plan, as previously required for the MRS).

The State must consult with the State Advisory Council (SAC) or other state- or state-designated cross-agency body if there is no SAC, local child care program administrators, local child care resource and referral agencies, and other appropriate entities prior to developing and conducting the MRS or alternative methodology.

The State/Territory must prepare a detailed report containing the results of the MRS or alternative methodology. The State must make the report with these results widely available no later than 30 days after completion of the report, including posting the results on the Internet in an easily interpretable and understandable form.

The State/Territory must set CCDF subsidy payment rates in accordance with the results of the current MRS or alternative methodology. When setting payment rates, the law requires States and Territories to take into consideration the cost of providing higher quality child care services than were provided prior to November 2014 (e.g., tiered reimbursement or other methods) and without, **to the extent practicable**, reducing the number of families receiving CCDF relative to the number served as of November 2014. In taking the cost of providing quality into consideration, it is important to consider such key factors as what it takes to support increased stability and reduced provider turnover when setting payment rates.

4.2.1 Developing and Conducting a Market Rate Survey (MRS) and/or an Alternative Methodology. Did the State/Territory conduct a statistically and valid and reliable MRS, alternative methodology or both between July 1, 2013 and March 1, 2016?

- ☒ MRS
- ☐ Alternative Methodology. Describe \_\_\_\_\_
- ☐ Both. Describe \_\_\_\_\_
- ☐ Other. Describe \_\_\_\_\_

4.2.2 Describe how the State consulted with the State Advisory Council (SAC) or other state- or state-designated cross-agency body if there is no SAC, local child care program administrators, local child care resource and referral agencies, and other appropriate entities prior to developing and conducting the MRS or alternative methodology. Indiana collected provider rates for our most recent market rate survey in October, 2015 and is currently completing the analysis and report. Indiana is utilizing the same methodology for these surveys that has been used for the past several MRS. This methodology was shared and discussed with the Indiana ELAC Funding workgroup. This group has determined that the current methodology is satisfactory for the



current study; an alternative methodology may yield better understanding of the actual cost of care, particularly the cost of higher quality programs that implement continual quality improvement and staff retention efforts. The ELAC Funding workgroup is currently exploring alternative methodologies to be considered for Indiana's next market rate survey. The Lead Agency is a participating member of this cross sector work group.

- 4.2.3 Describe how the market rate survey or alternative methodology is statistically valid and reliable. To be considered valid and reliable, the MRS or alternative methodology must represent the child care market, provide complete and current data, use rigorous data collection procedures, reflect geographic variation, and analyze data in a manner that captures other relevant differences. For example, market rate surveys can use administrative data such as child care resource and referral data if they are representative of the market. If an alternative methodology such as cost modeling is used, demonstrate that the methodology used reliable models that estimated the cost of delivering services in center- and home-based settings at each level of quality defined by the State/Territory.

#### **EXECUTIVE SUMMARY**

The Lead Agency's database, CCIS, receives the provider market rate data electronically from IACCRR, utilizing an export from NDS. The rate data within NDS must be updated by IACCRR via telephone surveys to programs at least every 6 months, OECOSL requires a minimum response rate of 95%.

To ensure a valid Sample size for the 2015 survey, the lead agency requested that the total population be surveyed and the expected response rate of that total population surveyed may not be less than 95%. The actual provider response rate was 99.9% of the total population. Additionally, to insure a 95% confidence level in the data received, quality checks were done on all data responses received in the sample as well as outliers were flagged to be reviewed and verified. This insured a margin of error rate of less than 1% based on those flagged outliers which were corrected. This represents a valid Statistical sample for the 2015 survey.

In April of 2014, OECOSL implemented tiered reimbursements rates based on the provider's Paths to QUALITY (PTQ) rating level. Analysis of market rates also includes a review of reported costs by PTQ level. These new rates were focused on prioritizing Quality Care keeping a balance between the various needs of all children, yet focused on High Quality This was met with high approval from all areas and our 2015 study will continue a similar trend as we analyze these tiered reimbursement rates that have now been in effect for two years.

For the 2013 survey, the response rate was 3,975 out of 4,087 total providers in the state for a response rate of 97.1%. This will be updated in February, 2016 when the report is available from the 2016 MRS.

Analysis conducted includes calculating the percentile of the current reimbursement rates from the latest survey data, and comparing these figures to those of previous surveys. Based on the current percentile, estimates of the impact of various scenarios of raising rates are conducted. Additional costs and the affect on active child caseloads have been estimated and are reviewed.

Other analysis to be completed include estimating the impact of phasing in new rates, at various percentiles, over a period of time. Averages are also calculated on small, medium and large counties and by region to determine if the increase in rates is weighted by county size or in particular areas of the state.

In April of 2014, OECOSL implemented tiered reimbursements rates based on the provider's Paths to QUALITY (PTQ) rating level. Analysis of market rates also includes a review of reported cost by PTQ level.

4.2.4 Describe how the market rate survey reflects variations in the price of child care services by:

a) Geographic area (e.g., statewide or local markets) Market rate survey results are by county. Each of the 92 counties in Indiana has their own unique Reimbursement Rates based on the Market Rate Survey for that county.

b) Type of provider The Market Rate Survey is broken out by provider type for each county

c) Age of child The Market Rate Survey is broken out by age group for each county

d) Describe any other key variations examined by the market rate survey, such as quality level Paths to QUALITY rating level variations are considered for tiered reimbursement.

4.2.5 Describe the process used by the State/Territory to prepare a detailed report containing the results and make the report widely available to the public.

a) Date of completion of the market rate survey or alternative methodology (must be no earlier than July 1, 2013 and no later than March 1, 2016) January, 31, 2016

b) Date report containing results was made widely available, no later than 30 days after the completion of the report February 29, 2016

c) How the report containing results was made widely available and provide the link where the report is posted if available <http://www.in.gov/fssa/carefinder/3900.htm>

#### 4.3 Setting Payment Rates

4.3.1 Provide the base payment rates and percentiles (based on current MRS) for the following categories. The ages and types of care listed below are meant to provide a snapshot of categories on which rates may be based and are not intended to be comprehensive of all categories that may exist in your State/Territory or reflective of the terms that your State/Territory may use for particular ages. Please use the most populous geographic region (serving highest number of children). Note – If the payment rates are not set by the State/Territory, check here ☐. Describe how many jurisdictions set their own payment rates\_\_\_\_\_.

a) Infant (6 months), full-time licensed center care in most populous geographic region

- Rate \$236.00 per week unit of time (e.g., hourly, daily, weekly, monthly, etc.)
  - Percentile 55%  
*Note: this percentile will be updated in Feb. 2016 when the 2016 MRS is finalized.*
- b) Infant (6 months), full-time licensed FCC care in most populous geographic region
- Rate \$130.00 per week unit of time (e.g., hourly, daily, weekly, monthly, etc.)
  - Percentile 55%  
*Note: this percentile will be updated in Feb. 2016 when the 2016 MRS is finalized.*
- c) Toddler (18 months), full-time licensed center care in most populous geographic region
- Rate \$209.00 per week unit of time (e.g., hourly, daily, weekly, monthly, etc.)
  - Percentile 55%  
*Note: this percentile will be updated in Feb. 2016 when the 2016 MRS is finalized.*
- d) Toddler (18 months), full-time licensed FCC care in most populous geographic region
- Rate \$125.00 per week unit of time (e.g., hourly, daily, weekly, monthly, etc.)
  - Percentile 55%  
*Note: this percentile will be updated in Feb. 2016 when the 2016 MRS is finalized.*
- e) Preschooler (4 years), full-time licensed center care in most populous geographic region
- Rate \$176.00 per week unit of time (e.g., hourly, daily, weekly, monthly, etc.)
  - Percentile 55%  
*Note: this percentile will be updated in Feb. 2016 when the 2016 MRS is finalized.*
- f) Preschooler (4 years), full-time licensed FCC care in most populous geographic region
- Rate \$100.00 per week unit of time (e.g., hourly, daily, weekly, monthly, etc.)
  - Percentile 55%

Note: this percentile will be updated in Feb. 2016 when the 2016 MRS is finalized.

- g) School-age child (6 years), full-time licensed center care in most populous geographic region
  - Rate \$166.00 per week unit of time (e.g., hourly, daily, weekly, monthly, etc.)
  - Percentile 55%  
Note: this percentile will be updated in Feb. 2016 when the 2016 MRS is finalized.
- h) School-age child (6 years), full-time licensed FCC care in most populous geographic region
  - Rate \$100.00 per week unit of time (e.g., hourly, daily, weekly, monthly, etc.)
  - Percentile 55%  
Note: this percentile will be updated in Feb. 2016 when the 2016 MRS is finalized.
- i) Describe the calculation/definition of full-time care Full-Time Weekly is defined as child care provided for 25 hours or more per week. Sunday through Saturday, for non-school age children or school-age children when school is not in session or when care is required during non-traditional hours. For school-age children, when school is in session, full-time weekly is defined as ten (10) hours or more per week Sunday through Saturday.
- j) Provide the effective date of the payment rates September 15, 2015
- k) Provide the link to the payment rates <http://www.in.gov/fssa/carefinder/2906.htm>

4.3.2 States and Territories may choose to set base payment rates that differ because they take into consideration such factors as 1) geographic location, 2) age of child, 3) needs of children (special needs, protective services, etc.), 4) non-traditional hours of care, or 5) quality of care. In other words, base rates for infants may be set at a higher level than for school-age care because the cost of providing infant care tends to be higher than school-age care. In addition to these rates that differ tied to market variations in prices, States and Territories can choose to establish tiered rates or add-ons on top of these variable base rates as a way to increase payment rates for targeted needs (i.e., higher rate for special needs children as both an incentive for providers to serve children with special needs and as a way to cover the higher costs to the provider to provide care for special needs children).

Check which types of tiered payment or rate add-on, if any, the Lead Agency has chosen to implement. In the description of any tiered rates or add-ons, indicate the process and basis used for determining the tiered rates, amount or percentage of the tiered rate/add-on, and indicate if the rates were set based on the MRS or another process.

☐ Tiered rate/rate add-on for non-traditional hours. Describe \_\_\_\_\_

☒ Tiered rate/rate add-on for children with special needs as defined by the State/Territory. Describe Reimbursement to child care providers caring for children with special needs may exceed the market rate by 10%. This determination is made by the Automated Intake System (AIS) based upon the provider's charges as recorded by the Intake Agent.

☐ Tiered rate/rate add-on for infants and toddlers (do not check if you have a different base rate for infants/toddlers with no separate bonus or add-on). Describe \_\_\_\_\_

☒ Tiered rate/rate add-on for programs meeting higher quality as defined by the State/Territory. Describe

The Lead Agency utilizes a tiered rate.

Licensed providers are reimbursed at the base rate. This base rate increases with each level increase on Paths to QUALITY.

PTQ level 2 providers are reimbursed at 82<sup>nd</sup> percentile

PTQ level 3 reimbursement rates are at the 90<sup>th</sup> percentile

PTQ level 4 reimbursement rates are at the 95<sup>th</sup> percentile

☐ Tiered rate/rate add-on for programs serving homeless children. Describe \_\_\_\_\_

☐ Other tiered rate/rate add-on beyond the base rate. Describe \_\_\_\_\_

☐ None.

4.3.3 Describe how the State/Territory set payment rates for child care services in accordance with the results of the most recent market rate survey or alternative methodology

Licensed providers are reimbursed at the base rate ( 55<sup>th</sup> percentile).

PTQ level 2 providers are reimbursed at the 82<sup>nd</sup> percentile.

PTQ level 3 providers are reimbursed at the 90<sup>th</sup> percentile .

PTQ level 4 providers are reimbursed at the 95<sup>th</sup> percentile.

4.3.4 In setting payment rates, how did the State/Territory take into consideration the cost of providing higher quality child care services than were provided prior to November 2014 (e.g., tiered payment or other methods) and without, to the extent practicable, reducing the number of families receiving CCDF relative to the number of families served as of November 2014. For example, providing tiered payment with a sufficient differential to support higher quality, considering the cost of quality using a cost estimation model or other method, or examining the participation rate of high-quality providers in the subsidy system (e.g., using indicators from a quality rating system, accreditation or other state-defined indicators of quality) and adjusting payment rates if necessary.

Payment rates are based on local market surveys of licensed care. Tiered rates will be maintained with separate payment rates for licensed, Paths to QUALITY rated and legally-license exempt providers. Rates are established by county on a weekly, daily and hourly basis for categories of care which include infant, toddler, ages three through five, kindergarten

and school age.

Providers are paid bi-weekly and can bill for up to six holidays per calendar year. Fulltime care is defined as 25 hours or more per week for non-school age children or ten hours per week for school-age children during the school year. Each fulltime child is allowed twenty personal days per enrollment year which can be used on days when the child care facility is open and the child does not attend.

Reimbursement for in-home care is calculated per family on an hourly rate consistent with federal minimum wage. One rate is established for all children. No more than 40 hours may be paid in a week (Sunday through Saturday). Market rates do not apply to this category of care.

The Lead Agency reviews provider participation to ensure that the rates are adequate and the payment policies and procedures are business-friendly to encourage licensed and Paths to QUALITY rated providers of all types to accept children with CCDF vouchers. Additionally, the Lead Agency reviews the number of cases with overages as an indicator of the adequacy of payment rates for quality rated providers. To ensure access by CCDF families.

#### 4.4 Summary of Facts Used to Determine that Payments Rates Are Sufficient to Ensure Equal Access

The CCDF plan shall provide a summary of data and facts relied on by the State/Territory to certify that payment rates are sufficient to ensure equal access. (658E (c)(4)(A)) Equal access is not limited to a single percentile alone but is inclusive of various metrics or benchmarks that would offer children receiving CCDF access to the same services (type of care, quality of care) as children not receiving CCDF.

4.4.1 What data and facts did the State use to determine equal access (i.e., what is your metric or benchmark of equal access – such as percentile that rates cover or proportion of costs covered)? Check all that apply and describe.

- ☐ Payment rates are set at the 75th percentile or higher of the most recent survey. Describe \_\_\_\_\_
- ☒ Using tiered rates/differential rates as described in 4.3.3 to increase access for targeted needs.
- ☐ Rates based on data on the cost to the provider of providing care meeting certain standards. Describe \_\_\_\_\_
- ☐ Data on the size of the difference (in terms of dollars) between payment rates and the 75th percentile in the most recent survey, if rates are below the 75th percentile. Describe \_\_\_\_\_
- ☐ Data on the proportion of children receiving subsidy being served by high-quality providers. Describe \_\_\_\_\_



- ☐ Data on where children are being served showing access to the full range of providers. Describe \_\_\_\_\_
- ☐ Feedback from parents, including parent survey or parent complaints. Describe \_\_\_\_\_
- ☐ Other. Describe \_\_\_\_\_

4.4.2 Does the State/Territory certify that payment rates are sufficient to ensure equal access either based on the current MRS or alternative methodology?

☒ Yes. The State/Territory certifies that payment rates are sufficient to ensure equal access. Provide the State/Territory definition of how its payment rates are sufficient to ensure equal access Payment rates that are sufficient to ensure equal access are rates and practices that encourage providers to participate in the CCDF program. Additionally, CCDF children have access to the full range of provider types, as evidenced by where children are enrolled, including providers at the highest rating levels. Lastly, families have reduced out-of-pocket costs when enrolling their children in highly rated providers by tiering reimbursement rates to reduce overage charges.

☐ No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) \_\_\_\_\_
- Current Status – Describe the State/Territory’s status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other) \_\_\_\_\_
  - Implementation progress to date – Identify any requirement(s) partially or substantially implemented \_\_\_\_\_
  - Unmet requirement - Identify the requirement(s) not fully implemented \_\_\_\_\_
- Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) \_\_\_\_\_
  - Projected start date for each activity \_\_\_\_\_
  - Projected end date for each activity \_\_\_\_\_
  - Agency – Who is responsible for complete implementation of this activity \_\_\_\_\_

- Partners – Who is the responsible agency partnering with to complete implementation of this activity \_\_\_\_\_

#### 4.5 Payment Practices and Timeliness of Payments

The CCDBG Act of 2014 added a provision that requires States and Territories to describe in the Plan how the State/Territory's payment practices for CCDF child care providers reflect generally accepted payment practices of non-CCDF child care providers in the State/Territory —so as to provide stability of funding and encourage more child care providers to participate in the subsidy program. To the extent practicable, the State/Territory must implement enrollment and eligibility policies that support the fixed costs of providing child care services by delinking provider payments from a child's occasional absences due to holidays or unforeseen circumstances such as illness. (658E(c)(2)(S))

- 4.5.1 Describe the status of State/Territory's payment practices for CCDF child care providers that reflect generally accepted payment practices of non-CCDF child care providers in the State/Territory.

- ☒ Fully implemented and meeting all Federal requirements outlined above. Describe using 4.5.2 through 4.5.3 below.
- ☐ Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.
  - Overall Target Completion Date (no later than September 30, 2016) \_\_\_\_\_
  - Current Status – Describe the State/Territory's status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other) \_\_\_\_\_
    - Implementation progress to date – Identify any requirement(s) partially or substantially implemented \_\_\_\_\_
    - Unmet requirement - Identify the requirement(s) not fully implemented \_\_\_\_\_
  - Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) \_\_\_\_\_
    - Projected start date for each activity \_\_\_\_\_
    - Projected end date for each activity \_\_\_\_\_

- Agency – Who is responsible for complete implementation of this activity \_\_\_\_\_
- Partners – Who is the responsible agency partnering with to complete implementation of this activity \_\_\_\_\_

4.5.2 Describe how the payment practices to child care providers who serve CCDF-assisted children reflect generally accepted payment practices of other child care providers in the State/Territory to ensure stability of funding to encourage more child care providers to serve children who receive CCDF assistance. The Lead Agency ...

- ☐ Pays prospectively prior to the delivery of services. Describe \_\_\_\_\_
- ☒ Pays within no more than 21 days of billing for services. Describe Payments are made bi-weekly through direct deposit into the provider's bank account within 18 days of the invoice.
- ☐ Supports fixed costs of providing child care services by delinking provider payments from a child's occasional absences by paying based on enrollment instead of attendance. Describe including the State/Territory's definition of occasional absences \_\_\_\_\_
- ☒ Supports fixed costs of providing child care services by delinking provider payments from a child's occasional absences by providing full payment if a child attends at least a certain percent of authorized time. Specify percent and describe Provider payments are delinked from a child's occasional absence through Indiana's definition of the number of hours of attendance required for full time payment. Providers are paid a full time rate for non-school age child who attend at least 25 hours per week (62.5% based on a 40 hour week). Providers are paid a full time rate for school age children who attend at least 10 hours a week during the school year (67% based on a 15 hour week).
- ☒ Supports fixed costs of providing child care services by delinking provider payments from a child's occasional absences by providing full payment if a child is absent for a certain number of days in a month. Specify the number of absence days allowed and paid for and describe Provider payments are delinked to occasional absences through the use of paid personal days, paid holidays and paid inclement weather days. Families receive 20 absence days and providers receive 6 paid holidays and up to six inclement weather days if needed.
- ☒ Pays on a full-time or part-time basis (rather than smaller increments such as hourly) Voucher authorizations are created either as full time (over 25 hours or more a week) or part time (under 25 hours a week) based on service need.
- ☐ Pays for standard and customary fees that the provider charges private-paying parents (e.g., registration fees, deposits, supplies, field trips, etc.) \_\_\_\_\_
- ☒ Provides prompt notice to providers regarding any changes to the family's eligibility

status that may impact payment *Providers are notified of changes in a CCDF family's eligibility status including a denial of services, a potential termination or services, an increase in co-pay or a reduction in services at least ten (10) calendar days before an action is taken.*

☒ Has a timely appeal and resolution process for payment inaccuracies and disputes. Describe *if a provider feels they have been paid incorrectly the provider can log into a provider website and enter late attendance (discrepancy) for time they care for a child that was not recorded appropriately by the parent. The parent can then log into a parent website or utilizes IVR through their phone and approve the late attendance/ discrepancy. The provider will be paid for any approved discrepancies on their next payment. The Lead Agency has the ability to enter and/or approve any late attendance for payment.(discrepancy). A provider can appeal to the Lead Agency if they still feel they have been paid incorrectly.*

☐ Other. Describe \_\_\_\_\_

4.5.3 Check and describe the strategies the State/Territory will use to ensure the timeliness of payments.

☒ Policy on length of time for making payments. Describe length of time *The Lead Agency contracts with Xerox to make payments every 2 weeks based on recorded attendance records and within 18 days of the receipt of the invoice..*

☒ Track and monitor the payment process *The Lead Agency tracks payments made by Xerox through reports generated out of the Electronic Payment Processing and Information Control (EPICC), our electronic time and attendance system.*

☒ Use of electronic tools (e.g., automated billing, direct deposit, etc.) Describe: *Billing is automated through the electronic time and attendance system and providers are paid bi-weekly through direct deposit.*

☐ Other. Describe \_\_\_\_\_

4.6 **Supply Building Strategies to Meet the Needs of Certain Populations**

The CCDBG Act of 2014 added a provision that the State/Territory will develop and implement strategies to increase the supply and improve the quality of child care services for children in underserved areas, infants and toddlers, children with disabilities, and children who receive care during non-traditional hours. (658 E(c)(2)(M))

4.6.1 Has the State/Territory conducted data analysis of existing and growing supply needs?

☒ Yes. Describe data sources

*NDS is used by the CCR&R network to analyze supply and demand throughout the state. Heat mapping technology is used to assist CCR&Rs identify areas of high need in their regions and target capacity building activities. The State also utilizes other*

data sources including Census data, the Kids Count Report, and the ELAC annual needs assessment and data dash board to develop a full understanding of supply and demand.

☐ No. If no, how does the State/Territory determine most critical supply needs? \_\_\_\_\_

4.6.2 Describe what method(s) is used to increase supply and improve quality for:

a) Infants and toddlers

- ☒ Grants and contracts (as discussed in 4.1.3)
- ☐ Family child care networks
- ☐ Start-up funding
- ☒ Technical assistance support
- ☒ Recruitment of providers
- ☒ Tiered payment rates (as discussed in 4.4.1)
- X Other. Describe Capacity building grants

b) Children with disabilities

- ☒ Grants and contracts (as discussed in 4.1.3)
- ☐ Family child care networks
- ☐ Start-up funding
- ☒ Technical assistance support
- ☒ Recruitment of providers
- X Tiered payment rates (as discussed in 4.4.1)
- ☐ Other. Describe \_\_\_\_\_

c) Children who receive care during non-traditional hours

- ☐ Grants and contracts (as discussed in 4.1.3)
- ☐ Family child care networks
- ☐ Start-up funding
- ☒ Technical assistance support
- ☒ Recruitment of providers
- ☐ Tiered payment rates (as discussed in 4.4.1)
- ☐ Other. Describe \_\_\_\_\_

d) Homeless children

- ☐ Grants and contracts (as discussed in 4.1.3)
- ☐ Family child care networks
- ☐ Start-up funding
- ☒ Technical assistance support
- ☒ Recruitment of providers
- ☐ Tiered payment rates (as discussed in 4.4.1)
- ☐ Other. Describe \_\_\_\_\_

4.6.3 The CCDBG Act of 2014 requires States to describe the procedures and process it uses, in terms of the investments made to increase access to programs providing high quality child care and development services, to give priority for those investments to children in families in areas that have significant concentrations of poverty and unemployment and that do not have such high-quality programs. (658E(c)(2)(Q)) Describe the status of State/Territory's process and procedures to give priority for investments to children and families from areas with high concentrations of poverty and unemployment that do not have high-quality programs.

☒ Fully implemented and meeting all Federal requirements outlined above.  
Describe

The Lead Agency utilizes a variety of investments in collaboration with many partners to increase access to high quality programs in areas of concentrated poverty and unemployment.

The Lead Agency in partnership with the CCR&R state network strives to increase the capacity of high quality programs within identified areas of high need. CCR&Rs provide focused provider recruitment and the use of a technical assistance in targeted high need areas within their regions. The Quality Continuum Framework is used to build the availability of high quality programs in these areas. The Quality Continuum framework a process used to move child care providers from non-licensure to licensure or voluntary certification, Paths to QUALITY (PTQ) enrollment to higher levels of quality and ultimately the highest rating level of PTQ. The Lead Agency sets and monitors the achievement of key benchmarks for each CCR&R agency to promote Paths to QUALITY participation and level advancement.

The Lead Agency has partnered with other agencies, such as United Way of Central Indiana, Early Learning Indiana, and others to provide capacity building grants. These grants are targeted to areas of most need and have been highly successful at improving access to high quality programs for low income families and other targeted populations.



The Lead Agency, through the CCR&R networks, provides comprehensive referrals for all families, including those with CCDF vouchers or those looking for care during non-traditional hours, care for an infant or toddler or care for a child with special needs. Face-to-face referrals are also offered to families receiving TANF work benefits (the Indiana TANF Impact program). These referrals have shown to be successful at increasing family awareness on the importance of high quality programs and specifically about the Paths to QUALITY system. Enhanced referrals have helped to increase the number of families selecting highly rated Paths to QUALITY provider.

In addition to initiatives designed to build high quality capacity in high need areas and help families that live and work in these areas locate high quality programs, the Lead Agency provides support to existing high quality providers through contracts to support sustainability and ongoing access for children with CCDF vouchers. Level 4 Paths to QUALITY providers operating in identified areas of high need are eligible to participate in the CCDF Agreement Center program in which a certain number of CCDF slots are available to providers at all times. Additionally these agreements are available to support Level 4 Paths to QUALITY providers participating in the Head start and Early Head Start-Child Care Partnership grants in order to support extend hours to children from CCDF eligible families. This plan will make full working day and full calendar year services available to children enrolled in an Early Head Start-Child Care Partnership program and allow additional children access to comprehensive services.

Additionally, the Lead Agency supports access to high quality programs through tiered CCDF child care subsidy payments. These tiered rates support quality improvement and sustainability for highly rated programs while also reducing the likelihood of CCDF family out-of-pocket costs by greatly reducing overage. As part of the Paths to QUALITY evaluation, Purdue University researches family awareness of and experience with Paths to QUALITY including a review of utilization of highly rated providers by families with CCDF vouchers. This is done to ensure access to high quality programs for low income families.

CCDF vouchers are allocated in proportion to the local need. Families enrolled in the TANF Impact program and are participating in activities to gain employment or better employment are given the highest priority and expedited CCDF services. The Lead Agency partners with organizations' such as Goodwill Industries to support programs and seek additional funding opportunities for low income families participating in programming such as Nurse Family Partnerships and job training.

- ☐ Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.
- Overall Target Completion Date (no later than September 30, 2016) \_\_\_\_\_
  - Current Status – Describe the State/Territory’s status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other) \_\_\_\_\_
    - Implementation progress to date – Identify any requirement(s) partially or substantially implemented \_\_\_\_\_
    - Unmet requirement - Identify the requirement(s) not fully implemented \_\_\_\_\_
  - Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) \_\_\_\_\_
    - Projected start date for each activity \_\_\_\_\_
    - Projected end date for each activity \_\_\_\_\_
    - Agency – Who is responsible for complete implementation of this activity \_\_\_\_\_
    - Partners – Who is the responsible agency partnering with to complete implementation of this activity \_\_\_\_\_

## 5. Establish Standards and Monitoring Processes to Ensure the Health and Safety of Child Care Settings

The CCDBG Act of 2014 makes child care safer by defining minimum health and safety requirements for child care providers. This includes both the standards that must be established and the pre-service/orientation and ongoing minimum training required. States and Territories must also explain why exemptions to any of the licensing standards do not endanger the health and safety of CCDF children in license-exempt care. States and Territories are required to have standards for CCDF providers regarding group size limits and appropriate child-to-provider ratios based on the age of children in child care.

Pre-licensure and annual unannounced inspections of licensed CCDF providers and annual inspections of license-exempt CCDF providers are now required. The CCDBG Act of 2014 requires States and Territories to establish qualifications and training for licensing inspectors and appropriate inspector-to-provider ratios. It also requires States and Territories to conduct criminal background checks for all child care staff members, including staff members who don’t care directly

for children but have unsupervised access to children and lists specific disqualifying crimes. States and Territories must certify that all child care providers comply with child abuse reporting requirements of Child Abuse Prevention and Treatment Act (CAPTA), mandatory reporting of known and suspected instances of child abuse and neglect).

## 5.1 Licensing Requirements and Standards

Each State/Territory is required to certify it has in effect licensing requirements applicable to all child care services provided within the State/Territory (not restricted to providers receiving CCDF), and to provide a detailed description of such requirements and how such requirements are effectively enforced. (658E(c)(2)(F) Nothing in the statute prohibits the State/Territory from exempting child care providers from licensing requirements. But, if the State/Territory exempts any child care providers from State/Territory licensing requirements, the CCDBG Act of 2014 requires States and Territories to describe how such licensing exemptions do not endanger the health, safety, and development of children receiving CCDF who are cared for by the license-exempt providers. (658E(c)(2)(F)(ii))

- 5.1.1 The State/Territory certifies that it has licensing requirements applicable to all child care services provided within the State. (658(c)(2)(F)) This requirement did not change under the CCDBG Act of 2014. List the categories of care that your State/Territory licenses and provide your definition of each licensed category of care

### **IC 12-7-2-28.4 Child care center**

Sec. 28.4. "Child care center", for purposes of IC 12-17.2, means a nonresidential building where at least one (1) child receives child care from a provider:

(1) while unattended by a parent, legal guardian, or custodian;

(2) for regular compensation; and

(3) for more than four (4) hours but less than twenty-four (24) hours in each of ten (10) consecutive days per year, excluding intervening Saturdays, Sundays, and holidays.

As added by P.L.20-1992, SEC.8; P.L.81-1992, SEC.8. Amended by P.L.1-1993, SEC.72;

P.L.136-1993, SEC.1; P.L.1-1994, SEC.48; P.L.247-2001, SEC.4.

### **IC 12-7-2-28.6 Child care home**

Sec. 28.6. (a) "Child care home", for purposes of IC 12-17.2, means a residential structure in which at least six (6) children (not including the children for whom the provider is a parent, stepparent, guardian, custodian, or other relative or any child who is at least fourteen (14) years of age and does not require child care) at any time receive child care from a provider:

(1) while unattended by a parent, legal guardian, or custodian;

(2) for regular compensation; and

(3) for more than four (4) hours but less than twenty-four (24) hours in each of ten (10) consecutive days per year, excluding intervening Saturdays, Sundays, and holidays.

(b) The term includes:

(1) a class I child care home; and

(2) a class II child care home.

As added by P.L.20-1992, SEC.9 and P.L.81-1992, SEC.9. Amended by P.L.1-1993, SEC.73;

P.L.136-1993, SEC.2; P.L.124-2007, SEC.1.

5.1.2 Does your State/Territory exempt any child care providers that can receive CCDF from its licensing requirements?

- ☒ Yes. Describe which types of providers that can receive CCDF are exempt from licensing and how such exemptions do not endanger children who receive CCDF services from license-exempt providers

*The following provider types are exempt from licensure:*

**IC 12-17.2-2-8**

**Licensure exemptions-that meet Provider Eligibility Standards under IC 12-17.2-3.5**

*Sec. 8. The division shall exempt from licensure the following programs:*

- (1) A program for children enrolled in grades kindergarten through 12 that is operated by the department of education or a public or private school.*
- (2) A program for children who become at least three (3) years of age as of December 1 of a particular school year (as defined in IC 20-18-2-17) that is operated by the department of education or a public or private school.*
- (3) A nonresidential program for a child that provides child care for less than four (4) hours a day.*
- (4) A recreation program for children that operates for not more than ninety (90) days in a calendar year.*
- (5) A program whose primary purpose is to provide social, recreational, or religious activities for school age children, such as scouting, boys club, girls club, sports, or the arts.*
- (6) A program operated to serve migrant children that:*
  - (A) provides services for children from migrant worker families; and*
  - (B) is operated during a single period of less than one hundred twenty (120) consecutive days during a calendar year.*
- (7) A child care ministry registered under IC 12-17.2-6.*
- (8) A child care home if the provider:*
  - (A) does not receive regular compensation;*
  - (B) cares only for children who are related to the provider;*
  - (C) cares for less than six (6) children, not including children for whom the provider is a parent, stepparent, guardian, custodian, or other relative; or*
  - (D) operates to serve migrant children.*
- (9) A child care program operated by a public or private secondary school that:*
  - (A) provides day care on the school premises for children of a student or an employee of the school;*
  - (B) complies with health, safety, and sanitation standards as determined by the division under section 4 of this chapter for child care centers or in accordance with a variance or waiver of a rule governing child care centers approved by the division under section 10 of this chapter; and*
  - (C) substantially complies with the fire and life safety rules as determined by the state fire marshal under rules adopted by the division under section 4 of this chapter for child care centers or in accordance with a variance or waiver of a rule governing child care centers approved by the division under section 10 of this chapter.*
- (10) A school age child care program (commonly referred to as a latch key program) established under IC 20-26-5-2 that is operated by:*
  - (A) the department of education;*
  - (B) a public or private school; or*

(C) a public or private organization under a written contract with:

(i) the department of education; or

(ii) a public or private school.

As added by P.L.1-1993, SEC.141. Amended by P.L.61-1993, SEC.8; P.L.136-1993, SEC.6; P.L.2-1995, SEC.50; P.L.50-2001, SEC.1; P.L.1-2005, SEC.136.

These exemptions do not endanger the safety or health of children receiving CCDF providers because, while these provider types are exempt from licensure, if they care for children receiving CCDF subsidies they must also follow the requirements under IC12-17.2-3.5 and are subject to at least annual compliance visits to verify compliance. The standards included under IC12-17.2-3.5 include the key health and safety requirements as required by the 2014 CCDBG Reauthorization to protect the well being of children in care including but not limited to:

- Staff to child ratios and group size,
- Active supervision,
- Comprehensive criminal history checks,
- Minimum age and education requirements of caregivers,
- On-going annual training requirements,
- Required orientation including trainings such as CPR, First Aid, Safe Sleep, Child Abuse Detection and Prevention,
- A safe environment that does not jeopardize the well-being of children,
- Daily activities appropriate to the developmental needs of children, and
- Nutritious, adequately timed meals and snacks.

☐ No

5.1.3 Describe the status of the State/Territory's development and implementation of child care standards for providers receiving CCDF that address appropriate ratios between the number of children and the number of providers and group size, in terms of the age of the children for each type of setting. (658E(c)(2)(H))

☒ Fully implemented and meeting all Federal requirements outlined above. Describe using 5.1.4 and 5.1.5 below.

☐ Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps

to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) \_\_\_\_\_
- Current Status – Describe the State/Territory’s status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other) \_\_\_\_\_
  - Implementation progress to date – Identify any requirement(s) partially or substantially implemented \_\_\_\_\_
  - Unmet requirement - Identify the requirement(s) not fully implemented \_\_\_\_\_
- Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) \_\_\_\_\_
  - Projected start date for each activity \_\_\_\_\_
  - Projected end date for each activity \_\_\_\_\_
  - Agency – Who is responsible for complete implementation of this activity \_\_\_\_\_
  - Partners – Who is the responsible agency partnering with to complete implementation of this activity \_\_\_\_\_

5.1.4 Describe how the State/Territory child care standards for providers receiving CCDF address appropriate ratios between the number of children and the number of providers and group size, in terms of the age of the children for each type of setting. (658E(c)(2)(H))

a) Licensed Center-Based Care

1. Infant

- State/Territory age definition. A child who is at least six (6) weeks of age until the child is able to walk consistently unassisted.
- Ratio 4:1
- Group size 8

2. Toddler

- State/Territory age definition a child who is less than thirty (30) months of age and is able to walk consistently unassisted.
- Ratio 5:1
- Group size 10

3. Preschool

- State/Territory age definition children at least three (3) years of age and not yet attending first grade.



- Ratio 5:1 two-year-olds; 7:1 30-36 months; 10:1 three (3) year olds; 12:1 four (4) year olds; 15:1 five (5) year olds and older
  - Group size two-year-olds- 10; 30-36 months - 14; three (3) year olds - 20; four (4) year olds- 24; five (5) year olds and older - 30
4. School-Age
    - State/Territory age definition. Children attending first grade or above.
    - Ratio 15:1
    - Group size 30
  5. If any of the responses above are different for exempt child care centers, describe Exempt providers that care for more than 16 children and accept CCDF vouchers must maintain the same ratios and group size requirement as licensed centers. Licensed exempt providers caring for 16 or fewer children and accept CCDF vouchers must meet the same ratio and group size requirements for a licensed child care home (see below for details).
  6. Describe, if applicable, ratios and group sizes for centers with mixed age groups. When there is a combination of ages within a group of children, caregivers shall determine the ration required by the age of the youngest child in the group.

b) Licensed Group Child Care Homes:

Indiana does not utilize this category of care.

1. Infant
  - State/Territory age definition NA
  - Ratio NA
  - Group size NA
2. Toddler
  - State/Territory age definition NA
  - Ratio NA
3. Group size NA
4. Preschool
  - State/Territory age definition NA
  - Ratio NA
  - Group size NA
5. School-Age
  - State/Territory age definition NA
  - Ratio NA
  - Group size NA
6. Describe the maximum number of children that are allowed in the home at any one time, if the State/Territory requires related children to be included in the child-to-provider ratio or group size, or the limits on infants and toddlers or additional school-age children that are allowed for part of the day.

7. If any of the responses above are different for exempt group child care homes, describe NA

☒ N/A. State/Territory does not have group child care homes.

c) Licensed Family Child Care:

1. Describe the ratios. Infant/Toddler Mixed (Birth–24 months) 6:1\*; \*Two (2) of the six (6) children must be at least sixteen (16) months of age and walking. Otherwise the ratio is 4:1; Mixed Age Groups (Birth–6 years) 10:1\*; \*No more than three (3) of the ten (10) children may be under sixteen (16) months of age and must be walking; three (3) years and older(3–10 years) 12:1 group size group size is limited by the capacity limits on licensed homes.

The threshold for when licensing is required:

**IC 12-7-2-28.6 Child care home** (a) "Child care home", for purposes of IC 12-17.2, means a residential structure in which at least six (6) children (not including the children for whom the provider is a parent, stepparent, guardian, custodian, or other relative or any child who is at least fourteen (14) years of age and does not require child care) at any time receive child care from a provider: (1) while unattended by a parent, legal guardian, or custodian; (2) for regular compensation; and (3) for more than four (4) hours but less than twenty-four (24) hours in each of ten (10) consecutive days per year, excluding intervening Saturdays, Sundays, and holidays. (b) The term includes: (1) a class I child care home; and (2) a class II child care home.

Maximum number of children that are allowed in the home at any one time: Class I is 12 children plus 3 additional school-agers; Class II is 16 children .

If the State/Territory requires related children to be included in the Child-to-Provider ratio or group size: A provider's related children under age seven (7) count in the maximum capacity, ratios and group sizes of the home.

Or the limits on infants and toddlers or additional school-age children that are allowed for part of the day: For a class I child care home three (3) additional school-age children are allowed in the home.

2. If any of the responses above are different for exempt family child care home providers, describe. A legally license exempt home can care for no more than five (5) unrelated children at one time. Any licensed exempt child care home that takes CCDF vouchers must meet the same ratios and group sizes as a licensed child care home.

d) Any other eligible CCDF provider categories:

Describe the ratios

Legally license exempt providers that take CCDF and care for more than sixteen (16) children at a facility where the provider operates a child care program shall maintain Infant

- State/Territory age definition: A child who is at least six (6) weeks of age until the child is able to walk consistently unassisted.

- Ratio 4:1

Toddler

- State/Territory age definition: A child who is less than thirty (30) months of age and is able to walk consistently unassisted.
- Ratio 5:1

Preschool

- State/Territory age definition: Children at least three (3) years of age and not yet attending first grade.
- Ratio 5:1 two-year-olds; 7:1 30-36 months; 10:1 three (3) year olds; 12:1 four (4) year olds; 15:1 five (5) year olds and older

School-Age

- State/Territory age definition: Children attending first grade or above.
- Ratio 15:1

Legally license exempt providers that take CCDF and care for not more than sixteen (16) children at a facility where the provider operates a child care program shall maintain

Infant/Toddler Mixed (Birth–24 months) 6:1\*; \*Two (2) of the six (6) children must be at least sixteen (16) months of age and walking. Otherwise the ratio is 4:1; Mixed Age Groups (Birth–6 years) 10:1\*; \*No more than three (3) of the ten (10) children may be under sixteen (16) months of age and must be walking; three (3) years and older(3–10 years) 12:1 group size group size is limited by the capacity limits on licensed homes.

**Group Size**

Legally license exempt providers that take CCDF and care for more than sixteen (16) children at a facility where the provider operates a child care program shall maintain the same ratios/group sizes as a licensed center and are as follows:

Infant

- Definition: A child who is at least six (6) weeks of age until the child is able to walk consistently unassisted.
- Group size eight (8)

Toddler

- Definition: A child who is less than thirty (30) months of age and is able to walk consistently unassisted.
- Group size ten (10)

Preschool

- Definition: Children at least three (3) years of age and not yet attending first grade.
- Group size two-year-olds- 10; 30-36 months - 14; three (3) year olds - 20; four (4) year olds- 24; five (5) year olds and older - 30

School-Age

- Definition: Children attending first grade or above.
- Group size thirty (30)

Legally license exempt providers that take CCDF and care for not more than sixteen (16) children at a facility where the provider operates a child care program shall maintain Class I is twelve (12) children plus three (3) additional school-agers; Class II is sixteen (16) children.

The threshold for when licensing is required:

**IC 12-7-2-28.6 Child care home** (a) "Child care home", for purposes of IC 12-17.2, means a residential structure in which at least six (6) children (not including the children for whom the provider is a parent, stepparent, guardian, custodian, or other relative or any child who is at least fourteen (14) years of age and does not require child care) at any time receive child care from a provider: (1) while unattended by a parent, legal guardian, or custodian; (2) for regular compensation; and (3) for more than four (4) hours but less than twenty-four (24) hours in each of ten (10) consecutive days per year, excluding intervening Saturdays, Sundays, and holidays. (b) The term includes: (1) a class I child care home; and (2) a class II child care home.

The maximum number of children that are allowed in the home at any one time: A legally license exempt home can care for up to five (5) unrelated children. There is not maximum number of children allowed when related.

If the State/Territory requires related children to be included in the child-to-provider ratio or group size: A provider's related children under age seven (7) count in the maximum capacity of the home. There is not a limit of related children over the age of seven (7) in the home.

Or the limits on infants and toddlers or additional school-age children that are allowed for part of the day: For a class I child care home three (3) additional school age children are allowed in the home.

- 5.1.5 Describe how the State/Territory child care standards address required qualifications for providers appropriate to each type of setting, including the minimum age allowed, minimum education level, any specific content required related to the age of children. (658E(c) (2) (H))

a) Licensed Center-Based Care:

1. Infant lead teacher Twenty-one (21) years of age - Child Development Associate (CDA) and assistant teacher qualifications Eighteen (18) years if not left alone - High school/GED .
2. Toddler lead teacher Twenty-one (21) years of age - Child Development Associate (CDA) and assistant teacher qualifications Eighteen (18) years if not left alone - High school/GED
3. Preschool lead teacher Eighteen (18) years of age - Child Development Associate (CDA) and assistant teacher qualifications Eighteen (18) years of age - High school/GED

4. School-Age lead teacher *Eighteen (18) years of age - Child Development Associate (CDA) and assistant teacher qualifications Eighteen (18) years of age - High school/GED*
5. Director qualifications *Twenty-one (21) years of age - Associate's degree*

b) Licensed Group Child Care Homes: NA

1. Infant lead teacher [redacted] and assistant qualifications [redacted]
  2. Toddler lead teacher [redacted] and assistant qualifications [redacted]
  3. Preschool lead teacher [redacted] and assistant qualifications [redacted]
  4. School-Age lead teacher [redacted] and assistant qualifications [redacted]
- ☒ N/A. State/Territory does not have group child care homes.

c) Licensed Family Child Care home provider qualifications. *The licensee is required to have a high school diploma or GED and documentation that the licensee has completed, enrolled in, or agrees to complete within the next three (3) years, a child development associate (CDA) credential program or a similar program approved by the Lead Agency. There are no educational requirements for other staff.*

d) Other eligible CCDF provider qualifications *Legally License Exempt providers that follow Provider Eligibility Standards must be 18-years old but do not have any provider qualifications.*

5.1.6 The CCDBG Act of 2014 added a new provision specifying that States and Territories must 1) establish health and safety requirements for providers serving children receiving CCDF assistance relating to matters included in the topics listed below, and 2) have pre-service or orientation training requirements, appropriate to the provider setting, that address these health and safety topics. (658E(c) (2) (I) (i)) This requirement is applicable to all child care providers receiving CCDF regardless of licensing status (licensed or license-exempt). The only exception to this requirement is for providers who are caring for their own relatives, as States have the option of exempting relatives from some or all CCDF health and safety requirements. When establishing these requirements, States are encouraged to consider the age of children and type of child care setting to ensure that they are appropriate to the health and safety needs of the children from birth through age 12 and the providers who care for them.

- a) The State/Territory certifies that it has health and safety requirements for providers receiving CCDF in the following areas:
  - Prevention and control of infectious diseases (including immunization)
  - Prevention of sudden infant death syndrome and use of safe sleeping practices
  - Administration of medication, consistent with standards for parental consent
  - Prevention of and response to emergencies due to food and allergic reactions
  - Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic

- Prevention of shaken baby syndrome and abusive head trauma
- Emergency preparedness and response planning for emergencies resulting from a natural disaster, or a man-caused event (such as violence at a child care facility), within the meaning of those terms under section 602(a) (1) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5195a(a)(1))
- Handling and storage of hazardous materials and the appropriate disposal of bio contaminants
- Precautions in transporting children (if applicable)
- First aid and cardiopulmonary resuscitation (CPR) certification

☐ Yes. The State/Territory certifies that it has health and safety requirements for CCDF providers in these areas.

☒ No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) September 30, 2016
- Current Status – Describe the State/Territory’s status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other) Indiana is updating rules to ensure each requirement is fully covered.

- Implementation progress to date – Identify any requirement(s) partially or substantially implemented Indiana currently requires the following Health and Safety requirements for all provider types:
  - Prevention of sudden infant death syndrome and use of safe sleeping practices
  - Prevention of and response to emergencies due to food and allergic reactions
  - Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic
  - Prevention of shaken baby syndrome and abusive head trauma
  - Precautions in transporting children (if applicable)
  - First aid and cardiopulmonary resuscitation (CPR) certification



- Unmet requirement - Identify the requirement(s) not fully implemented

Indiana is currently in the process of updating the rules for all provider types to include the following requirements:

- Prevention and control of infectious diseases (including immunization)
  - Administration of medication, consistent with standards for parental consent
  - Emergency preparedness and response planning for emergencies resulting from a natural disaster, or a man-caused event (such as violence at a child care facility), within the meaning of those terms under section 602(a) (1) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5195a(a)(1))
  - Handling and storage of hazardous materials and the appropriate disposal of bio contaminants
- Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) Rule changes to Licensed Centers, Licensed Home and Legally Licensed Exempt Homes and Centers that take CCDF
    - Projected start date for each activity August 2015
    - Projected end date for each activity September 30, 2016
    - Agency – Who is responsible for complete implementation of this activity Office of Early Childhood and Out of School Learning
    - Partners – Who is the responsible agency partnering with to complete implementation of this activity Partners involved in the rule promulgation process including General Council, Attorney General, Indiana Register and stakeholders include families and providers.

- b) The State/Territory certifies that it has pre-service (prior to initial service) or orientation (period from when service started) and ongoing training requirements, appropriate to the provider setting that address each of the requirements relating to the topic areas listed above. ACF expects these trainings will be part of a broader systematic approach and progression of professional development (as described in Section 6) within a State/Territory that will result in opportunities for child care providers to accumulate knowledge, competencies

and credits toward eventual completion of a professional certification or higher education. The law does not specify a specific number of training or education hours but States and Territories are encouraged to consult with *Caring for our Children* for best practices and recommended time needed to address these training requirements.

☐ Yes. The State/Territory certifies that it has pre-service or orientation and ongoing training requirements appropriate to the provider setting that address each of the requirements relating to the topics listed above. Describe, including at a minimum 1) how the state/territory defines preservice or orientation period, 2) the minimum number of annual preservice or orientation hours required to meet these health, and safety requirements, and 3) ongoing training or education hours required to meet these health and safety requirements \_\_\_\_\_

☒ No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) September 30, 2016
- Current Status – Describe the State/Territory’s status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other) Substantially implemented

- Implementation progress to date – Identify any requirement(s) partially or substantially implemented The Lead Agency currently has orientation requirements for all providers but the specific content requirements vary by provider type and do not comprehensively and consistently include all required health and safety topic requirements.
- Unmet requirement - Identify the requirement(s) not fully implemented
  - Define the mandatory orientation requirements for all provider types

- Identify criteria for professionals with ECE certificates and degrees that meet the requirements for orientation
  - Identify and package existing high quality training to meet the requirement components
  - Develop online and face-to-face orientation that is readily accessible in a timely fashion for all providers in need of orientation.
- Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)
  - Amend current orientation policies for each provider type to include language that complies with the orientation requirements of CCDBG reauthorization.
  - Identify approved orientation trainings and ensure adequate access to high quality orientation trainings.
  - Develop a crosswalk of CDA competencies, Associate's Degree and Bachelor Degree with the orientation requirements in partnerships with the Indiana Early Childhood Higher Education Forum coursework to ensure the health and safety topics are included in higher education coursework.
  - Training licensing consultants on the new requirements
  - Enhance current software to include tracking of compliance with the new requirements
  - Communicate with programs around the new requirements through regionally based face to face meetings, webinars, letters and e-mails to providers.
- Projected start date for each activity: September, 2015
- Projected end date for each activity
  - Crosswalks will be completed by March 1, 2016
  - Wed based modules will be developed by June 1, 2016
  - Face to face training will be developed by June 1, 2016
  - Train the trainer will be completed by June 15, 2016

- Web based modules will be available for providers by June 1, 2016
- Communication to providers will begin by July, 2016
- Software system enhancements will be completed by Sept. 15, 2016
- Providers will be required to meet the orientation requirements by Sept. 30, 2016
- Agency – Who is responsible for complete implementation of this activity The Lead Agency will be responsible for implementation.
- Partners – Who is the responsible agency partnering with to complete implementation of this activity The Lead Agency will partner with Quality Assist to develop an eight (8) hour online module specific to Indiana. The Lead Agency will partner with the Child Care Resource and Referral Central Office (CCR&R CO) to develop a train-the-trainer model that will be delivered to trainers at local Child Care Resource and Referral agencies. The Lead Agency will work with the Indiana Higher Education Forum on the cross walk and will partner with TCC on the software enhancements.

5.1.7 Does the State/Territory have health and safety requirements for any of the following optional areas?

☒ Nutrition. Describe

**Licensed centers** – food programs are required to be approved for infants through twelve (12) years old.

**Registered Ministries, licensed homes and legally license exempt homes and centers:** Provider shall make available to each child in the provider's care the following:  
(1) Appropriately timed, nutritious meals and snacks in a quantity sufficient to meet the needs of the child.  
(2) Drinking water at all times.

☒ Access to physical activity. Describe

**Licensed centers and homes** are required to have a fenced-in play area.

**Licensed centers** must utilize playground equipment that meets CPSC guidelines.

**Registered Ministries, licensed homes, and legally license exempt homes and centers:**

Provider shall make available daily activities, including daily outside play, appropriate to the age, developmental needs, interests, and number of children in the care of the provider.

- ☒ Screen time. Describe **Licensed centers:** the use of televisions are not permitted for infants/toddlers. The use of televisions must be for educational purposes and part of the lesson plans for children between two (2) years to twelve (12) years of age.
- ☒ Caring for children with special needs. Describe **Licensed centers:** Director must attend an inclusion training and rules pertaining to required documentation and training for staff.
- ☒ Other subject areas determined by the State/Territory to be necessary to promote child development or to protect children's health and safety. Describe **Licensed Centers-** Health programs are required and approved for infants through twelve (12) years. Licensed homes must follow Health and Safety requirements as it pertains to swimming pool safety. All providers must safety secure items that could be a tipping hazard, items that could cause tripping, and protect children from other hazards such as bodies of water.

5.1.8 States and Territories have the option to exempt relatives (as defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles, (98.41(A)(ii)(A)) from CCDF health and safety training requirements. Does the State/Territory exempt relatives from the requirement to receive pre-service or orientation health and safety training on any or all of the listed topics? Note this exception applies if the individual cares ONLY for relative children.

- ☐ Yes, all relatives are exempt from all health and safety training requirements. If the State/Territory exempts all relatives from the CCDF health and safety training requirements, describe how the State ensures the health and safety of children in relative care. \_\_\_\_\_
- ☐ Yes, some relatives are exempt from health and safety training requirements. If the State/Territory exempts some relatives from the CCDF health and safety training requirements, describe which relatives are exempt from which requirements (all or some) and include how the State/Territory ensures the health and safety of children in relative care. \_\_\_\_\_
- ☒ No, relatives are not exempt from CCDF health and safety training requirements.

## 5.2 Monitoring and Enforcement Policies and Practices

5.2.1 The State/Territory certifies that the State/Territory has in effect policies and practices to ensure that providers for children receiving assistance and their facilities comply with applicable State or local licensing and health and safety requirements. (658E(c)(2)(J))

☒ Yes. The State/Territory certifies that it has policies and practices to ensure compliance with applicable licensing and health and safety requirements for providers receiving CCDF and their facilities. List the policy citation: IC 12-17.2-3.5 Eligibility of Child Care Provider to Receive Reimbursement through Voucher Program

☐ No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) \_\_\_\_\_
  - Current Status – Describe the State/Territory’s status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other) \_\_\_\_\_
  - Implementation progress to date – Identify any requirement(s) partially or substantially implemented \_\_\_\_\_
  - Unmet requirement - Identify the requirement(s) not fully implemented \_\_\_\_\_
- Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) \_\_\_\_\_
  - Projected start date for each activity \_\_\_\_\_
  - Projected end date for each activity \_\_\_\_\_
  - Agency – Who is responsible for complete implementation of this activity \_\_\_\_\_
  - Partners – Who is the responsible agency partnering with to complete implementation of this activity \_\_\_\_\_

5.2.2 The CCDBG Act of 2014 added the following provisions for enforcement of licensing which must be in effect no later than November 19, 2016 for all providers who serve children receiving CCDF (with the option to exempt relatives).

- a) **Licensing Inspectors** - It will have policies and practices that ensure that individuals who are hired as licensing inspectors in the State/Territory are qualified to inspect those child care providers and facilities and have received training in related health and safety requirements, and are trained in all aspects of the State’s licensure requirements. (658E(c)(2)(K)(i)(I))

☒ Yes. The State/Territory certifies that it has policies and practices that ensure that individuals who are hired as licensing inspectors in the State/Territory are



qualified to inspect those child care providers and facilities and have received training in related health and safety requirements, and are trained in all aspects of the State's licensure requirements. List the policy citation and describe the qualifications, including at a minimum how inspector qualifications address training related to the language and cultural diversity of the providers, and how qualifications address being appropriate to the age of children in care and type of provider setting: All licensing inspectors are required to have a Bachelor's Degree, with preference given to those with degrees in ECE or a related field and with ECE or OST experience.

The Lead Agency has policies developed for orientation of new inspectors that includes but is not limited to trainings in health and safety requirements, Indiana's Early Learning Guidelines (the Indiana Early Learning Foundations), Safe Sleep, New Provider Orientation 1 and 2, and training related to the language and cultural diversity of providers. Orientation also includes a minimum of two (2) months job shadowing and training on technology.

Licensing consultants are monitored regularly to ensure ongoing high quality, evidence based monitoring and support services are provided.

☐ No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than November 19, 2016)
- Current Status – Describe the State/Territory's status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other)
  - Implementation progress to date – Identify any requirement(s) partially or substantially implemented
  - Unmet requirement - Identify the requirement(s) not fully implemented
  - Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) Projected start date for each activity
  - Projected end date for each activity
  - Agency – Who is responsible for complete implementation of this activity

- Partners – Who is the responsible agency partnering with to complete implementation of this activity

b) **Inspections for Licensed CCDF Providers** - It will require licensing inspectors to perform inspections, with not less than one prelicensure inspection, for compliance with health, safety, and fire standards, of each such child care provider and facility in the State/Territory. It will require licensing inspectors to perform not less than annually, one unannounced inspection of licensed CCDF providers for compliance with all child care licensing standards, which shall include an inspection for compliance with health, safety, and fire standards (inspectors may inspect for compliance with all 3 standards at the same time. (658E(c)(2)(K)(i)(II))

X Yes. The State/Territory certifies that it has policies and practices regarding inspections for licensed CCDF providers. List the policy citation and describe the inspection requirements including the frequency of announced and unannounced visits Under Indiana code IC12-17.2-4 and IC12-17.2-5 licensed providers receive at least one annual inspection. Licensed providers also receives at least one prelicensure visit. Additionally, the Lead Agency must investigate all complaints received and provide follow up and technical assistance visits as needed. Most inspections are unannounced. See below for additional details.

☐ No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than November 19, 2016) September 30, 2016.
- Current Status – Describe the State/Territory’s status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other)
  - Implementation progress to date – Identify any requirement(s) partially or substantially implemented: Licensed Centers are currently fully meeting this requirement.
  - Unmet requirement - Identify the requirement(s) not fully implemented: Currently, licensed homes receive an unannounced visit every other year and a scheduled visit the following year. Policies must be implemented to make each type of inspection unannounced.

- Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) Licensed home procedures are being revised to implement annual unannounced visits. A communication plan to providers and implementation scheduled is being developed by the Lead Agency.
  - Projected start date for each activity  
Developing procedures – December 1, 2015  
Communication plan – April 1, 2016  
Communication to providers – July 1, 2016
  - Projected end date for each activity  
Developing procedures – April 1, 2016  
Communication plan – June 30, 2016  
Communication to providers – July1, 2016
  - Agency – Who is responsible for complete implementation of this activity Office of Early Childhood and Out of School Learning
  - Partners – Who is the responsible agency partnering with to complete implementation of this activity local Child Care Resource and Referral agencies and licensed home providers.

c) **Inspections for License-Exempt CCDF Providers (except those serving relatives)** – It will have policies and practices that require licensing inspectors (or qualified monitors designated by the lead agency) of child care providers and facilities to perform an annual monitoring visit of each license-exempt CCDF provider (unless the provider is described in section (658P(6)(B)). (658E(c)(2)(K)(ii)(IV))

- ☒ Yes. The State/Territory certifies that it has policies and practices regarding inspections for license-exempt CCDF providers. List the policy citation and describe the annual monitoring visit requirements: IC 12-17.2-3.5 Eligibility of Child Care Provider to Receive Reimbursement through Voucher Program. This Indiana code requires the Lead Agency to make a minimum of one (1) annual monitoring visit a year.
- ☐ No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than November 19, 2016)  
\_\_\_\_\_
- Current Status – Describe the State/Territory’s status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other)  
\_\_\_\_\_
  - Implementation progress to date – Identify any requirement(s) partially or substantially implemented \_\_\_\_\_
  - Unmet requirement - Identify the requirement(s) not fully implemented \_\_\_\_\_
- Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) \_\_\_\_\_
  - Projected start date for each activity \_\_\_\_\_
  - Projected end date for each activity \_\_\_\_\_
  - Agency – Who is responsible for complete implementation of this activity \_\_\_\_\_
  - Partners – Who is the responsible agency partnering with to complete implementation of this activity \_\_\_\_\_

**d) Ratio of Licensing Inspectors** – It will have policies and practices that require the ratio of licensing inspectors to such child care providers and facilities in the State/Territory to be maintained at a level sufficient to enable the State to conduct inspections of such child care providers and facilities on a timely basis in accordance with Federal, State, and local law. (658E(c) (2) (K) (i)(III))

☒ Yes. The State/Territory certifies that it has policies and practices regarding the ratio of licensing inspectors to such child care providers and facilities in the State/Territory. List the policy citation and list the State/Territory ratio of licensing inspectors:

Under the OECOSL Policy Keystone Document, OECOSL Caseload Management Document Reference # 001.010.001, Indiana has established policies in place to ensure that providers receive monitoring visits, complaint investigations and technical assistance visits as required and as needed by providers to support compliance and child safety. Caseloads are reviewed monthly; as are the completion rates for annual and semi-annual monitoring visits, complaint inspections and other necessary follow up visits are completed as needed. In the event that caseloads are too high to ensure that such visits are occurring and are occurring timely, the Lead Agency will request additional consultants through the Indiana State Personnel Department.

- ☐ No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than November 19, 2016)  
\_\_\_\_\_
- Current Status – Describe the State/Territory’s status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other)  
\_\_\_\_\_
  - Implementation progress to date – Identify any requirement(s) partially or substantially implemented \_\_\_\_\_
  - Unmet requirement - Identify the requirement(s) not fully implemented \_\_\_\_\_
- Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) \_\_\_\_\_
  - Projected start date for each activity \_\_\_\_\_
  - Projected end date for each activity \_\_\_\_\_
  - Agency – Who is responsible for complete implementation of this activity \_\_\_\_\_
  - Partners – Who is the responsible agency partnering with to complete implementation of this activity \_\_\_\_\_

e) **Child Abuse and Neglect Reporting** – That child abuse reporting requirements are in place and comply with section of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(i)) (658E(c)(2)(L))

☒ Yes. Fully implemented and meeting all Federal requirements outlined above. List the Lead Agency’s policy citation(s).

Indiana law IC 31-33-5-1 requires anyone who suspects child abuse or neglect to report it to the authorities.

Additional requirements are contained within Indiana Code.

IC 12-17.2-3.5-8.5  
Child abuse or neglect reporting

Sec. 8.5. (a) A provider shall provide to all employees and volunteers of the provider the written material prepared and made available by the division under subsection (c).

(b) An employee or a volunteer of a provider who has reason to believe that a child in the provider's care is a victim of child abuse or neglect shall make a report as required under IC 31-33-5.

(c) The division shall do the following:

(1) Prepare written material specifying the following:

(A) The duty to report known or suspected child abuse or neglect under IC 31-33-5.

(B) That knowing failure to make a report required by:

(i) IC 31-33-5-1; or

(ii) IC 31-33-5-2; is a Class B misdemeanor under IC 31-33-22-1.

(2) Make the written material under subdivision (1) available to providers.

#### IC 12-17.2-3.5-18

##### Child abuse and neglect

Sec. 18. (a) Upon receiving notice of a claim of abuse or neglect in a facility where a provider operates a child care program, the department of child services shall:

(1) forward a copy of the notice to the division; and

(2) conduct an investigation of the claim.

(b) After an investigation under subsection (a), the department of child services shall make a determination of whether abuse or neglect occurred at the facility.

(c) If the department of child services makes a determination under IC 31-33-8-12 that abuse or neglect at the facility is substantiated, the department shall send a copy of the department's report to the appropriate office of the division.

#### 470 IAC 3-1.1-35 Reporting abuse, injury, illness, death, or emergency event

Sec. 35. (a) The caregiver shall report immediately suspected physical abuse, sexual abuse, child neglect, or child exploitation as required by IC 31-6-11-3 [IC 31-6 was repealed by P.L.268-1995, SECTION 17, effective July 1, 1995.] to child protection services (CPS) or local law enforcement.

(b) A substantiated case of abuse or neglect in a child care home constitutes full and sufficient grounds for denial or revocation of the child care home license.

#### 470 IAC 3-4.7-13 Reporting child abuse or neglect

Sec. 13. (a) The center shall at all times maintain the confidentiality of all information obtained regarding the suspected abuse or neglect of a child.

(b) During the first two (2) weeks of employment, all staff shall receive documented training in recognizing and reporting child abuse and neglect. The director shall update this training annually.

(c) A center shall not employ or utilize the services of a person known by the division and reported to the center as a substantiated perpetrator of child abuse or neglect.

(d) The center shall develop written guidelines for reporting suspected child abuse or neglect and include in staff training.

(e) The director and all staff shall refrain from questioning children and suspected perpetrators beyond gathering information to report the suspected abuse or neglect to child protective services.

(f) Staff shall immediately report suspected child abuse or neglect as follows:



(1) If the alleged abuse or neglect occurred while the child was under the care of the child care center or the center receives a complaint from anyone regarding possible abuse or neglect of a child by a staff member, they or the director must immediately call the institutional abuse hotline or a law enforcement agency and self-report the suspected abuse or neglect.

CHILD WELFARE SERVICES

Indiana Administrative Code

The statewide institutional abuse phone number is 1-800-562-2407.

(2) If the alleged abuse or neglect occurred while the child was not under the care of the child care center, staff shall immediately report suspected abuse or neglect to the county child protective services. The statewide phone number is 1-800-800-5556.

(g) Reporting suspicions to the director or other supervisory personnel does not relieve the individual staff of their responsibility to report directly to child protective services.

(h) The center shall dismiss the employee or volunteer if the child protective services investigation substantiates the abuse or neglect.

- ☐ No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.
- Overall Target Completion Date (no later than November 19, 2016) \_\_\_\_\_
    - Current Status – Describe the State/Territory’s status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other) \_\_\_\_\_
    - Implementation progress to date – Identify any requirement(s) partially or substantially implemented \_\_\_\_\_
    - Unmet requirement - Identify the requirement(s) not fully implemented \_\_\_\_\_
  - Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) \_\_\_\_\_
    - Projected start date for each activity \_\_\_\_\_
    - Projected end date for each activity \_\_\_\_\_
    - Agency – Who is responsible for complete implementation of this activity \_\_\_\_\_
    - Partners – Who is the responsible agency partnering with to complete implementation of this activity \_\_\_\_\_

5.2.3 States and Territories have the option to exempt relatives (as defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles, (98.41(A)(ii)(A)) from inspection requirements. Note this exception only applies if the individual cares ONLY for relative children. Does the State/Territory exempt relatives from inspection requirements listed in 5.2.2?

- ☐ Yes, all relatives are exempt from all inspection requirements. If the State/Territory exempts all relatives from the inspection requirements, describe how the State ensures the health and safety of children in relative care. \_\_\_\_\_
- ☐ Yes, some relatives are exempt from inspection requirements. If the State/Territory exempts some relatives from the inspection requirements, describe which relatives are exempt and include how the State/Territory ensures the health and safety of children in relative care. \_\_\_\_\_
- ☒ No, relatives are not exempt from inspection requirements.

### 5.3 Criminal Background Checks

The CCDBG Act of 2014 added new requirements for States and Territories receiving CCDF funds to conduct criminal background checks on child care staff members and prospective staff members of child care providers. States and Territories are required to have requirements, policies, and procedures in place to conduct criminal background checks for staff members of child care providers (other than relatives) that are licensed, regulated or registered under State/Territory law or receive CCDF funds. Background check requirements apply to any staff member who is employed by a child care provider for compensation or whose activities involve the care or supervision of children or unsupervised access to children. For family child care homes, this includes the caregiver requesting a check of him/herself, as well as any other individuals in the household that may have unsupervised access to children. These provisions must be in place no later than September 30, 2017.

The CCDBG Act of 2014 specifies what a comprehensive criminal background check includes and a child care provider must submit a request to the appropriate State/Territory agency for a criminal background check for each child care staff member, including prospective child care staff members at least once every 5 years. A criminal background check must include a search of: State criminal and sex offender registry in the State where the staff member resides and each State where the staff member has resided over the past 5 years; State child abuse and neglect registry in the State where the staff member resides and each State where the staff member has resided over the past 5 years, National Crime Information Center (run by the FBI); FBI fingerprint check using Next Generation Identification ; and National Sex Offender Registry.

Child care staff members cannot be employed by a provider receiving CCDF if they refuse a background check; make materially false statements in connection with the background check; are registered or required to be registered on the State or National Sex Offender Registry; have been convicted of a felony consisting of: murder, child abuse or neglect, crimes against children,

spousal abuse, crime involving rape or sexual assault, kidnapping, arson, physical assault or battery, or subject to an individual review, at the State's option, a drug-related offense committed during the preceding 5 years; or have been convicted of a violent misdemeanor committed as an adult against a child.

**Timeliness of background checks** - The State/Territory must conduct the background checks as quickly as possible and shall not exceed 45 days after the child care provider submitted the request. The State/Territory shall provide the results of the background check in a statement that indicates whether the staff member is eligible or ineligible, without revealing specific disqualifying information. If the staff member is ineligible, the State/Territory will provide information about each disqualifying crime to the staff member.

**Fees for background checks** – Fees that a State/Territory may charge for the costs of processing applications and administering a criminal background check may not exceed actual costs to the State/Territory for processing and administration.

**Transparency** – The State/Territory must ensure that policies and procedures for conducting criminal background checks are published on the State/Territory's consumer education website (also see section 2.3) or other publicly available venue.

**Appeals process** – The State/Territory shall have a process for a child care staff member to appeal the results of their background check to challenge the accuracy and completeness.

**Privacy considerations** - Lead Agency may not publicly release the results of individual background checks. They may release aggregated data by crime as long as the data does not include personally identifiable information.

5.3.1 Describe the status of the State/Territory's requirements, policies, and procedures for criminal background checks for child care staff members and child care providers.

- ☐ Fully implemented and meeting all Federal requirements outlined above. List the policy citation within the Lead Agency's rules \_\_\_\_\_ and describe the policies and procedures for criminal background checks using 5.3.2 through 5.3.9 below.
- ☒ Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2017). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.
  - Overall Target Completion Date (no later than September 30, 2017) September 30, 2017
  - Current Status – Describe the State/Territory's status toward complete implementation for any requirement(s) not fully

- implemented (not yet started, partially implemented, substantially implemented, other)
- Implementation progress to date – Identify any requirement(s) partially or substantially implemented

Partially Implemented

Indiana requires comprehensive criminal background checks for all staff with access to children working within a center based child care program and all staff and household members about the age of 18 within a home based child care program. Each check consists of the following:

- A federal fingerprint-based criminal history background check searches for criminal arrests. Should a person have an arrest in any of the following files the results would indicate as such.
  - Canadian File
  - Protective Interest File
  - Foreign Fugitive File
  - Violent Convicted Felon File
  - Identity Theft File
  - Gang/Group File
  - Deported Felon File
  - Protection Order File
  - Wanted Person File
  - Convicted Person on Supervised Release File
  - Sex Offender Registry File
  - Missing Person File
  - Terrorist File
  - NICS (National Instant Criminal Background Check System) Denied Transaction File
  - ✓ The National Instant Criminal Background Check System (NICS) is administered by the Federal Bureau of Investigation (FBI). A NICS check includes a check of three databases maintained by the FBI, including the—
  - ✓ Interstate Identification Index (III), a database of criminal history record information
  - ✓ National Crime Information Center (NCIC), which includes information on persons subject to civil protection orders and arrest warrants
  - ✓ NICS Index, which includes the information contributed by federal and state agencies identifying persons prohibited from possessing firearms who are not included in the III or NCIC, such as persons with a prohibiting mental health history or who are illegal or unlawful aliens.
  - Violent Person File

- and some INTERPOL files
  - Check of the child protection index for history of substantiated abuse or neglect.
  - Check of the Sex Offender Registry
    - Checks are completed every three years and are completed within the 45 day timeframe.
    - Providers are notified with a statement indicating eligible/ineligible without revealing the details of the offenses. Individual staff/household members are given details on the offense in a separate communication.
    - The policies and procedures for conducting criminal history checks published on the state's consumer website.
    - The fees charged to complete a check do not exceed the actual cost of administration.
    - Appeals are available.
  - Unmet requirement - Identify the requirement(s) not fully implemented
    - Criminal background checks for other states the staff member has resided in over the past five years
    - Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) \_\_\_\_\_
  - Projected start date for each activity January 4, 2016 – Updates to the Child Care Information System (CCIS) to track background checks that are received from other states.
  - Projected end date for each activity September 30, 2017
  - Agency – Who is responsible for complete implementation of this activity Family and Social Services Agency/Office of Early Childhood and Out-of-School Learning
  - Partners – Who is the responsible agency partnering with to complete implementation of this activity Indiana State Police, other States, in particular states within Region 5, FBI.
- 5.3.2 Describe the process and procedures for conducting background checks in a timely manner, including which agency/entity is responsible and how the Lead Agency ensures that background checks performed by a 3<sup>rd</sup> party meet the requirements, protecting the privacy of child care staff members, and appealing the results of background checks.

The Office of Early Childhood and Out-of-School Learning (OECOSL) works with a vendor who ensures no other agency other than Family and Social Services (FSSA) can receive background

check results for the staff member. Background checks are processed by OECOSL within forty-five (45) days of a staff member seeking employment. Background checks are completed by staff members of OECOSL and ensured quality and timeliness by a program director. Background check results are only seen by certain OECOSL staff members who are trained. Generic results of the background checks are only given to the Provider. Every individual is given a copy of instructions for challenging the National Criminal History results when he/she is given instructions for being printed. These instructions are listed in the link below for the appeal process.

[https://secure.in.gov/fssa/files/Requirements\\_and\\_Record\\_Challenge\\_for\\_National\\_Criminal\\_History\\_Checks.pdf](https://secure.in.gov/fssa/files/Requirements_and_Record_Challenge_for_National_Criminal_History_Checks.pdf)

- 5.3.3 Describe how the State/Territory is helping other States process background checks, including any agencies/entities responsible for responding to requests from other states.

The Lead Agency is not currently working with other states on the process for background checks but is developing an implementation plan to accomplish this.

- 5.3.4 Does the State/Territory have a review process for individuals disqualified due to a felony drug offense to determine if that individual is still eligible for employment?

☒ Yes. Describe. Every individual is given a copy of instructions for challenging the National Criminal History results when he/she is given instructions for being fingerprinted. These instructions are listed in the link below for the appeal process.

[https://secure.in.gov/fssa/files/Requirements\\_and\\_Record\\_Challenge\\_for\\_National\\_Criminal\\_History\\_Checks.pdf](https://secure.in.gov/fssa/files/Requirements_and_Record_Challenge_for_National_Criminal_History_Checks.pdf)

☐ No

- 5.3.5 Does the State/Territory disqualify child care staff members based on their conviction for other crimes not specifically listed in 5.3?

☒ Yes. Describe.

Murder ( IC 35-42-1-1 or section 111 of title 18 U.S.C);

Attempted murder (IC 35-41-5-1);

Voluntary manslaughter (IC35-42-1-3);

Involuntary manslaughter (IC 35-42-1-4);

Reckless homicide (IC 35-42-1-5);

Aggravated battery (IC 35-42-2-1.5);

Kidnapping (IC 35-42-3-2);

Rape (IC 35-42-4-1);

Criminal deviate conduct (IC 35-42-4-2);

Child molesting (IC 35-42-4-3);

Sexual conduct with a minor as a Class A felony under IC 35-42-4-9(a)(2) or a Class B felony under IC 35-42-4-9(b)(2)



Robbery as a Class A or Class B felony (IC 35-42-5-1)

Burglary as a Class A or Class B felony (IC 35-43-2-1)

Battery as a felony (IC 35-42-2-1)

Domestic battery (IC 35-42-2-1.3)

Strangulation (IC 35-42-2-9)

Criminal confinement (IC 35-42-3-3)

Sexual battery (IC 35-42-4-8)

☐ No

5.3.6 States and Territories have the option to exempt relatives (as defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles, (98.41(A)(ii)(A)) from background check requirements. Note this exception only applies if the individual cares ONLY for relative children. Does your State State/Territory exempt relatives from background checks?

☐ Yes, all relatives are exempt from all background check requirements.

☐ Yes, some relatives are exempt from the background check requirements. Describe which relatives are exempt. \_\_\_\_\_

☒ No, relatives are not exempt from background checks.

5.3.7 Describe how the State/Territory ensures that fees charged for completing the background checks do not exceed the actual cost of processing and administration, regardless of whether conducted by the State/Territory or a 3<sup>rd</sup> party vendor or contractor, Lead Agencies can report that no fees are charged if applicable.

The Indiana Department of Administration oversees the contract for the procurement of a vendor to collect fingerprint. This process ensures the most cost effective solution possible. The only other fee collected is by the State Police and the Federal Bureau of Investigations (FBI).

Describe how background check policies and procedures are published on the State/Territory consumer education website or made publicly available on another venue

Background check policies are posted on the State's consumer education website that is publicly available. The Indiana Family and Social Services Administration (FSSA) website has a link to the Office of Early Childhood and Out-of-School Learning's website, [www.childcarefinder.in.gov](http://www.childcarefinder.in.gov), where the policies for the Indiana codes are listed. The link is listed below.

<http://www.in.gov/fssa/2552.htm>

5.3.8 Does the Lead Agency release aggregated data by crime?

☐ Yes. List types of crime included in the aggregated data \_\_\_\_\_

☒ No

## 6 Recruit and Retain a Qualified and Effective Child Care Workforce

Teacher-child interactions and relationships, intentional strategies to engage children and their parents, and use of curriculum and assessment to inform practices with children are key components of high quality child care. These require a competent, skilled, and stable workforce. Research has shown that specialized training and education, positive and well-organized work environments and adequate compensation promote teacher recruitment, stability, diversity of the early childhood workforce, and effectiveness with young children in child care. In addition, professional development strategies that emphasize on-site mentoring and coaching of teachers have emerged as promising to change practices with children and families. Professional development, whether training, on-site coaching and mentoring, registered apprenticeship, or higher education coursework, should reflect the research and best practices of child development in all domains and cultural competence.

The CCDBG Act of 2014 requires States and Territories to establish professional development and training requirements in key areas such as health and safety, early learning guidelines, responding to challenging behavior and engaging families. States and Territories are required to offer ongoing annual training and to establish a progression of professional development opportunities to improve knowledge and skills of CCDF providers. (658E(c)(2)(G)) An example of how a State/Territory might address this is to establish a system or framework of professional development that includes professional standards, a “career ladder” that allows an individual to build knowledge and skills in a cumulative manner from introductory training to advance level education, including obtaining credentials and post-secondary degrees. Professional development should be designed in a manner that aligns to competencies and qualifications that reflect working with children of different ages, English language learners, children with disabilities and the differentiated roles in all settings, such as teachers, teacher assistants, and directors. Training and education supporting professional development is also one of the options States and Territories have for investing their CCDF quality funds. (658G (b) (1)) ACF encourages States and Territories to collaborate and coordinate with other early childhood educator professional development resources, such as Race to the Top Early Learning Challenge grants, quality funds available through the Preschool Development grants, and funds available through Head Start and Early Head Start, to the extent practicable. Responsive, well-qualified adult caregivers are one of the most important factors in children’s development and learning in child care settings. ACF strongly encourages States and Territories to link CCDF health and safety trainings (see Section 5) and child development trainings and education to this broader professional development framework as the foundation for building a knowledgeable early childhood education workforce. Questions related to requirements for recruiting and retaining a qualified and effective child care workforce have been consolidated into Section 6.

### 6.1 Training and Professional Development Requirements

The CCDBG Act of 2014 added a requirement that the State/Territory develop training and professional development requirements designed to enable child care providers to promote the social, emotional, physical and cognitive development of children and to

improve the knowledge and skills of the child care workforce. Such requirements shall be applicable to child care providers caring for children receiving CCDF across the entire age span from birth through age 12. (658E(c) (2)(G)) Training and professional development should be accessible and appropriate across settings and types of providers, including family child care home providers and child care center staff.

The State/Territory also must develop and implement strategies to strengthen the business practices of child care providers to expand the supply and improve the quality of child care services. (658E(c)(2)(V))

For purposes of this section, the term professional development is inclusive of credit bearing coursework, postsecondary degree programs, and technical assistance (targeted assistance such as mentoring, coaching or consultation) activities. Health and safety topics that require renewal of a credential or certification should be considered continuing education unit trainings.

- 6.1.1 Describe the status of the State/Territory's professional development system or framework, including training and professional development requirements to enable child care providers to promote the social, emotional, physical, and cognitive development of children and to improve the knowledge and skills of the child care workforce.

The Lead Agency assures that the State/Territory's training and professional development requirements:

- a) Provide ongoing training and professional development that is accessible for the diversity of providers in the State/Territory; provide for a progression of professional development reflecting research and best practice to meet the developmental needs of participating infants, toddlers, preschool, and school-age children and that is aligned to foundational and specialized competencies (including different ages of children, English language learners, and children with disabilities); and improve the quality and stability of the child care workforce (such as supports an individual to build on entry- and mid-level training and education (which may include higher education) to attain a higher level credential or professional certification and retention in the child care program).
- b) Are developed in consultation with the State Advisory Council (SAC) on Early Childhood Education and Care or other state or state-designated cross-agency body if there is no SAC that addresses training, professional development and education of child care providers and staff.
- c) Incorporate knowledge and application of the State/Territory's early learning and developmental guidelines (where applicable), the State/Territory's health and safety standards (as described in section 5), and incorporate social-emotional/behavioral and early childhood mental health intervention models, which may include positive behavior intervention and support models (as described in Section 2)

- d) Are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF
- e) Appropriate, to the extent practicable, for child care providers caring for children receiving child care subsidies, including children of different age groups, English language learners, children with disabilities, and Native Americans, including Indians and Native Hawaiians.
  - ☒ Fully implemented and meeting all Federal requirements outlined above. Describe using 6.1.2 through 6.1.6 below.
  - ☐ Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.
- Overall Target Completion Date (no later than September 30, 2016) \_\_\_\_\_
- Current Status – Describe the State/Territory’s status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other)
  - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable \_\_\_\_\_
  - Unmet requirement - Identify the requirement(s) to be implemented \_\_\_\_\_
    - Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) \_\_\_\_\_
    - Projected start date for each activity \_\_\_\_\_
    - Projected end date for each activity \_\_\_\_\_
    - Agency – Who is responsible for complete implementation of this activity \_\_\_\_\_
    - Partners – Who is the responsible agency partnering with to complete implementation of this activity \_\_\_\_\_

6.1.2 Describe how the State/Territory provides ongoing training and professional development that is accessible for the diversity of providers in the State/Territory, provides for a progression of professional development reflecting research and best practice to meet the developmental needs of participating infants, toddlers, preschool and school-age children and that is aligned to foundational and specialized competencies (including different ages of children, English language learners, and children with disabilities) and improves the quality and stability of the child care workforce. Use the checkboxes below to identify and describe the elements of the progression of professional development. Check all that apply.

- ☒ State/Territory professional standards and competencies. Describe. Indiana has an approved, cross-sector Core Knowledge and Competencies (CKCs) framework that outlines professional standards and competencies for professionals working with children birth to adulthood. Indiana's CKCs were revised in early 2016 to align with recommendations and competencies identified in Transforming the Workforce for Children Birth through Age 8: A Unifying Foundation (IOM 2015). This revision was completed by a cross-sector group of early childhood and out-of-school time professionals. During this revision, the formatting and content of Indiana's CKCs was enhanced to provide professionals with an Individual Professional Development Planning Tool linked to the competencies.
- ☒ Career ladder or lattice. Describe. Indiana has a Career Pathway Guide for the early childhood and school age child care fields. This Guide was revised in early 2016 and includes current revised version of the Indiana Early Childhood and School Age Career Lattice. The Career Pathway Guide aligns with Indiana's Core Knowledge and Competencies (CKCs) and focuses on the recruitment, retention and advancement of early childhood, school-age and youth professionals in our state. Indiana utilized the IOM report (Transforming the Workforce for Children Birth through Age 8: a Unifying Foundation, 2015) and the Indiana Career Council's work on career pathways to inform the development of the guide. The guide contains multiple early childhood and school age child care career choices and the necessary degrees/certifications to obtain these careers. This document was developed by a cross-sector group of early childhood and out-of-school time professionals, including members of the Indiana Professional Development Network, and provides career information for entry level staff all the way through the obtainment of a PhD.
- ☒ Articulation agreements between two- and four-year postsecondary early childhood education or degree programs. Describe. Indiana currently has twenty-nine (29) institutions of higher education offering a total of eighty three (83) early childhood degree programs. Among these are thirty five (35) associate degrees, thirty five (35) bachelor degrees, seven (7) master degrees, and six (6) doctoral degrees offered by public and private colleges and universities. In addition, the Indiana High School Child Development Career and Technical program has a two-plus-two articulation agreement with the community college system statewide.

The CDA credential articulates into the Ivy Tech Community College for nine (9) credit hours. All associate degree programs and 93% of bachelor degree programs report that the associate degree articulates into a teacher education bachelor's degree. 60% of associate degree programs and 27% of bachelor degree programs report that the associate degree articulates into a family and consumer science bachelor's degree (child development/infant toddler). 40% of associate degree programs and 7% of bachelor's degree programs reported the associate degree articulates into the human development bachelor's degree (school-age/youth development). Almost three-quarters (75%) of associate degree programs and one-third (33%) of bachelor degree programs report offering and incorporating coursework that applies to the Indiana Early Childhood Program Administrator Credential into the degree program. Five (5) of the master's and two (2) of the doctoral degree programs also report offering coursework that could be applied to the Administrator Credential. The University of Southern Indiana (USI), in cooperation with National Louis University, offers the online Director's credential. This credential is embedded within the USI early childhood bachelor degree at no additional cost to the student.

- ☒ Community-based training approved by a state regulatory body to meet licensing or regulatory requirements. Describe. The Lead Agency contracts with local Child Care Resource and Referral (CCR&R) agencies and the Indiana Association for the Education of Young Children (IAEYC; the Indiana Nonformal CDA Project) to provide community based training. All Community based training is aligned with the Indiana Early Learning Foundations and many trainings lead to the obtainment of a CDA credential. The CDA credential articulates into the Ivy Tech Community College system for 9 credit hours. The Lead Agency reviews and approves these trainings to ensure that trainings are meeting all of the regulatory requirements and are available to all provider types in a variety of formats.
- ☒ Workforce data, including recruitment, retention, registries or other documentation, and compensation information. Describe. The Indiana Child Care Workforce Study was conducted in 2005, 2010, and 2014. The study provides statewide workforce data on child care teachers, directors and family child care home providers working in licensed or registered child care facilities in Indiana. Workforce Surveys included questions pertaining to: educational attainment, working conditions and wages, interests and aspirations, turnover and commitment to the field, and personal information including age, race, gender, family structure, and family income. Surveys also asked questions about the respondent's knowledge of systems and supports including Paths to QUALITY, the Early Education Matching Grant (EEMG), On My Way Pre-K, and T.E.A.C.H. Early Childhood® INDIANA. The 2014 Indiana Child Care Workforce Study found that child care workforce wages continue to increase but remain markedly low. The teacher median wages (\$9.50 per hour) continue to be below the national median wage (\$10.60). Educational attainment of the workforce continues to increase with 51% of the teachers who completed the survey and 50% of the family child care owners who completed the survey reporting that they have an associate or bachelor degree. Teacher turnover data was collected through the Directors



surveys. Turnover was reported for the previous year (2013). The turnover rate for full time teachers was reported at a rate of 33%. In addition to the regular completion of a workforce study, the Indiana Early Learning Advisory Council convenes a cross-sector workgroup of workforce, economic development and child development experts to study the Indiana early childhood workforce needs. The Lead Agency also regularly convenes the Indiana Professional Development Network. This Network consists of more than 100 early childhood and out of school time experts who assist the Lead Agency in efforts to examine available trainings, identify unmet needs, and share resources.

The Lead Agency, through a workgroup of Indiana Professional Development Network, will design an enhancement to the current workforce registry. The initial design work will begin in June 2016 with an anticipated rollout for the fall of 2017. The cross-sector work group will ensure that the Indiana Workforce Registry provides the necessary data for the early childhood and school age child care fields. The enhanced registry will link the data currently housed within NACCRRRA (National Association for Child Care Resource and Referral Agencies; Child Care Aware® of America) Suite of Data Services (NDS) with data currently contained in the State's workforce database and add any remaining fields necessary.



Continuing education unit trainings and credit-bearing professional development. Describe. The Lead Agency contracts with Indiana Association for the Education of Young Children (IAEYC) to provide scholarships through the T.E.A.C.H. Early Childhood® INDIANA scholarship program (T.E.A.C.H.). In 2015, T.E.A.C.H. helped 1,511 of Indiana's early care and education professionals increase their education. Recipients on associate degree scholarships completed an average of twelve (12.0) credits per contract. Recipients on bachelor's degree scholarships completed an average of fourteen (14.0) credit hours. T.E.A.C.H. recipients in Indiana completed over 12,148 credit hours last year. The average grade point average (GPA) for a T.E.A.C.H. recipient working on his or her associate degree was 3.1; the average GPA for a T.E.A.C.H. recipient working on his or her bachelor's degree was 3.50. The average hourly wage of a teacher on a T.E.A.C.H. scholarship was \$10.81. The average increase in earnings for a T.E.A.C.H. recipient on an associate degree scholarship was 6.0%. The average increase in earnings for a T.E.A.C.H. recipient on a bachelor's degree scholarship was 7.0%. For associate degree scholarship recipients the average turnover rate was 3.0%. For bachelor degree scholarship recipients the average turnover rate was 2.0%. 56.5% of scholarship recipients worked with children ages three (3) to five (5). 56% of recipients worked with children under two (2). 31.9% of scholarship recipients were women of color. 4% of recipients were of Hispanic origin. T.E.A.C.H. scholarship recipients attended one of the fifteen (15) different community colleges or seven (7) universities offering early childhood degree programs in Indiana. In a recent survey of T.E.A.C.H. recipients, 99% indicated they would recommend T.E.A.C.H. to their peers; and 99% of their employers would recommend T.E.A.C.H.

- ☒ State-approved trainings. Describe. The local Child Care Resource and Referral (CCR&R) agencies provide training and professional development regionally throughout the state. The Lead Agency contracts with the Child Care Resource and Referral Central Office (CCR&R CO) to oversee the development of a Professional Development Training Plan for each CCR&R agency/region. The CCR&R CO reviews and approves all CCR&R training goals. Approved trainings cover topics such as health and safety, developmentally appropriate practice, behavior intervention strategies, and assessment.

**The following trainings are approved by the Lead Agency:**

Why We Assess Young Children

How to Implement Authentic Assessment in Early Childhood Settings

Child Abuse and Neglect Detection and Prevention

Preparing for Emergency & Disaster in the Child Care Setting

Orientation I- Overview for those interested in starting the business of child care

Orientation II- required for participants to be licensed

Introduction to the Indiana Early Learning Foundations

Safe Sleeping Practices and Reducing the Risk of SIDS in Child Care

Refresher Workshop for Safe Sleeping Practices

Asthma Module 1 & 2

Let's Get the Lead Out!

Introduction to Paths to QUALITY

Treating Family Child Care as a Business (6 part recorded webinar)

What do you Charge? Rate Considerations, Sliding Fee Schedules, Scholarships, and Discounts

Universal Precautions

Stress

Seizures

Poisonous Plants

Picky Eaters

Obesity in Children

Nutrition in Child care

Eating Disorders

Pediatric Mental Health

Medication Administration

Medically Fragile Child

Medical Home

Health and Safety in the child care setting

Immunizations

Greener Cleaning- What would Cinderella do

Food Service Sanitation

Family Relationships

Down Syndrome

Diversity

After the Storm

Diapering and Toilet Training

Ages and Stages of Development  
Challenges of the Premature Infant  
Dental Care in Children  
Communicable Disease: Prevention to Policy  
Common Childhood illness  
Influenza  
Staph Infections  
Bitng and Other Aggressive Behaviors  
Bed Bugs and Other Creepy Critters  
Autism  
Allergies and Asthma  
Activity and Fitness

The Lead Agency has a goal in the next three (3) years to develop and fully implement a comprehensive training/trainer approval system. This process will include a review of existing CCDF funded trainings to determine if they align to research and best practice; align to the Indiana Early Learning Foundations; and if they are stackable and build upon prior knowledge of the provider. This system will also review and approve the qualifications of trainers to ensure the trainings provided are delivered by highly knowledgeable, qualified trainers.

☒ Inclusion in state and/or regional workforce and economic development plans.  
Describe.

Indiana businesses, communities and families thrive when individuals across the state have an opportunity to be a part of the workforce and contribute to the future of Indiana's economic stability. Hoosier families need to master new skills and be able to access training that enables them to attain gainful employment in order to keep their families viable. A growing policy concern is that certain barriers, such as balancing work and family and access to reliable and high quality child care, can make it difficult or sometimes impossible for low income and working parents to participate and succeed in education and training that support employment and career advancement.

The Lead Agency plays a key role in contributing resources and collaborating with Statewide partners such as Early Learning Indiana – Partnerships for Early Learners (ELI) who are making great strides in this area and have set forth to accomplish a plan that will position regions across the state to have comprehensive plans to address the issues and barriers that exists for their local communities. They have found that child care and access to high quality early childhood education, along with access to jobs that will allow them to sustain their families, is often a hurdle in their families well-being.

As a Statewide effort to support working families and to strengthen the economic development and workforce platform across Indiana, the Lead Agency is partnering with ELI and its collaborating partners to:

- Secure funding/grants to provide low-middle skilled parent opportunities to enter the workforce and/or advance their careers in high-growth or in-demand fields across Indiana.
- Remove barriers to accessing training and employment, education, higher-education, child care, transportation, housing etc.
- Focus on community and regional child care solutions to parents who work non-traditional work hours.
- Collaborate and play key roles with community partners across the state such as community colleges, workforce development, early childhood education agencies and other social service agencies that support families.
- Focus on building the capacity of high-quality child care across the state and in counties/regions that are in high need and experiencing negative economic as a result.
- Reach out to employers to partner in providing technical assistance and consultation to assist in providing solutions to remove the barriers related to accessing child care so that can be productive employees.
- Assist to remove barriers for parents looking to attain skills and training in Indiana high-demand areas such as IT, healthcare, manufacturing and education
- Contribute to existing systems that assist families in navigating the complex systems of supportive services including access to child care.
- Provide roles in statewide efforts that are working with the higher education systems to provide the same accessibilities to existing students enrolled with same of the same barriers
- Partner with high school and vocational systems to connect students to entry level certifications, internships, training and career pathways into the field of early childhood to provide a sustainable workforce
- Work with the state-wide system of child care resource and referral agencies to provide on-going support to advance them to higher levels in being able to support the needs of their communities as it relates to children, families the workforce movement and community coalition work.
- Partner and collaborate with partners to remove barriers to early childhood programs to allow them to provide higher quality of care or in some cases non-traditional care in order to meet the needs of the working families within their communities.
- Provide consultation and technical assistance to community school districts, Head Start programs, and community child care providers to coach them on various collaborative avenues to providing greater levels of continuity of early educational services and child care within their communities to reduce the stress and

transportation issues of working families. (This will often include leveraging funding dollars.)

☐ Other. Describe

- 6.1.3 Describe how the State/Territory developed its training and professional development requirements in consultation with the State Advisory Council (SAC) on Early Childhood Education and Care (if applicable) or other state or state-designated cross-agency body if there is no SAC. Describe.

The Indiana Early Learning Advisory Council (ELAC) has a sub-committee on Workforce and Professional Development that works in cooperation with the Indiana Professional Development Network (INPDN) to assess, develop, endorse and make recommendations on Indiana's early childhood and out-of-school time professional development systems. The mission of the INPDN is to coordinate, strengthen, and promote a system of cross-sector partners and resources for the professional development, career advancement, and recognition of individuals serving infants, toddlers, preschoolers, children, and youth and their families.

- 6.1.4 Describe how the State/Territory incorporates knowledge and application of the State's early learning and developmental guidelines (where applicable), the State/Territory's health and safety standards (as described in section 5), and incorporates social-emotional/behavioral and early childhood mental health intervention models, which may include positive behavior intervention and support models (as described in Section 2) into its training and professional development requirements.

The Lead Agency works closely with the Indiana Department of Education (IDOE) Early Childhood Division to ensure the Indiana Early Learning Foundations (Indiana's early learning and developmental guidelines) are used as a guide for professional development training topics. In the State's quality rating and improvement system (QRIS), Paths to QUALITY (PTQ), all providers at a Level 2 or higher are required to take an orientation training on the Indiana Early Learning Foundations which includes training on how to utilize the Foundations as a resource for planning everyday learning experiences. All professional development offerings funded by CCDF are required to be aligned with the Indiana Early Learning Foundations. The content area Physical Growth and Health in the Foundations contains concepts and skills to serve as indicators of a child's developmental growth in the area of social-emotional/behavioral development. These indicators are used to support behavioral and early childhood mental health intervention models.

The Lead Agency contracts with local Child Care Resource and Referral agencies (CCR&R) to support the CLIMBS project (Caregivers Learning Indiana's Model for Building Social Skills). The goal of the CLIMBS project is to provide intensive training and technical assistance to Indiana's early care and education providers around setting up socially and emotionally

competent environments, ensuring appropriate adult-child interactions, and sustaining program and policy change. The CLIMBS project is based on research and information from the Center on the Social and Emotional Foundations for Early Learning (CSEFEL) (<http://csefel.vanderbilt.edu/>). Work with individual providers occurs in two phases using established tools to assess the social and emotional appropriateness of the environment and interactions: The Pyramid Infant Toddler Observation Scale (TPITOS) and the Teaching Pyramid Observation Tool for Preschool (TPOT) developed by CSEFEL. The pre and post tests performed on these two observation tools show significant gains in multiple areas.

The Indiana Early Learning Foundations are incorporated into the State's community-based and credit-based CDA classes and embedded into higher education classes at the two year and four year institutions providing early childhood and child development degrees. In 2015, the Lead Agency funded the Indiana Early Childhood Higher Education Inventory conducted by the Center for the Study of Child Care Employment at the University of California, Berkley. The inventory provided an analysis of course content related to all domains of learning.

- 6.1.5 Describe how the State's training and professional development requirements are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF (as applicable).

Indiana does not have any designated tribes.

- 6.1.6 Describe how the State/Territory's training and professional development requirements are appropriate, to the extent practicable, for child care providers caring for children receiving child care subsidies, including children of different age groups (such as specialized credentials for providers who care for infants and/or school-age children), English language learners, children with disabilities, and Native Americans, including Indians and Native Hawaiians. Describe:

Providers can enroll and complete their CDA, associate, bachelor and master's degree in early childhood or family and consumer science via online, web-based delivery. Multiple higher education institutions in Indiana provide various methods of delivery to increase accessibility for providers – face-to-face, online, or hybrid (combination of face-to-face and online) in various locations outside the traditional campus locations. The Child Care Resource and Referral Central Office (CCR&R CO) also hosts an online training portal called Training Central that contains online professional development, both live and asynchronous. Training Central is available to everyone in the state.

Providers receiving CCDF are required to have a minimum of twelve hours of professional development relative to the age of the children they are working with. All center directors are required to take training on inclusion which includes information on the ADA.

The Lead Agency contracts with the Indiana Association for the Education of Young Children (IAEYC) to administer the T.E.A.C.H. Early Childhood® INDIANA program, which provides funding in the form of scholarships and training opportunities to meet the various needs of child care providers. The Lead Agency also contracts with IAEYC to administer the Indiana Non Formal CDA Project, another training program designed to assist early childhood professionals



in meeting the requirements for achieving a national CDA credential from the Council for Professional Recognition. This program is available to all providers and is available to meet the needs of English Language Learners as they strive to obtain their CDA. The Lead Agency also funded the development and supports the attainment of the Indiana Youth Development (IYD) Credential which is available for providers caring for school age children. At the associates degree and bachelors degree levels, providers can specialize in infant toddler, pre-k, school age, etc.

6.1.7 Describe the strategies the State/Territory uses to recruit and retain providers who will serve eligible children. Check all that apply and describe.

- ☒ Financial assistance for attaining credentials and post-secondary degrees. Describe The Lead Agency contracts with Indiana Association for the Education of Young Children (IAEYC) to fund financial assistance through the T.E.A.C.H. Early Childhood® INDIANA scholarship program. The funding for this project is provided to support scholarships for the CDA, associate, bachelor, transition to early childhood, coaching credential, administrator credential and the infant toddler credential. The scholarships are provided through community based and credit based professional learning opportunities.
- ☒ Financial incentives linked to education attainment and retention. Describe The Lead Agency contracts with Indiana Association for the Education of Young Children (IAEYC) to fund the Indiana Non Formal CDA project. This project provides a financial incentive in the form of a \$100 bonus when a provider completes the 120 clock hours of training to meet the criterion for the CDA credential. T.E.A.C.H. Early Childhood® INDIANA provides, in cooperation with the sponsoring employer, a bonus for the completion of credit hours and commitment to continued employment. T.E.A.C.H. Early Childhood® INDIANA also provides a scholarship to all providers who are applying for the CDA Assessment and upon successful award of the CDA Certification from the Council for Professional Recognition the participant receives a \$200 bonus.
- ☐ Registered apprenticeship programs. Describe \_\_\_\_\_
- ☒ Outreach to high school (including career and technical) students. Describe The Lead Agency contracts with Indiana Association for the Education of Young Children to fund the T.E.A.C.H. Early Childhood® INDIANA scholarships program. This program supports scholarships for high school students for the CDA Assessment. Outreach is provided to all Child Development Career and Technical High School programs to provide information, education and resources to their instructors and the students through the T.E.A.C.H. Early Childhood® INDIANA project.
- ☐ Policies for paid sick leave. Describe \_\_\_\_\_
- ☐ Policies for paid annual leave. Describe \_\_\_\_\_
- ☐ Policies for health care benefits. Describe \_\_\_\_\_
- ☐ Policies for retirement benefits. Describe \_\_\_\_\_

- ☐ Support for providers' mental health (such as training in reflective practices and stress reduction techniques, health and mental health consultation services).  
Describe \_\_\_\_\_
- ☐ Other. Describe \_\_\_\_\_

6.1.8 Describe how the State/Territory will recruit providers for whom English is not their first language, or who will serve and be available for families for whom English is not their first language.

The Lead Agency contracts with nine regionally based CCR&R's to help with the recruitment of non English speaking providers. The local CCR&R's market and recruit Spanish speaking individuals to the field by posting flyers in highly settled Spanish Speaking populations and working through community agencies that service a high number of Spanish speaking providers. A Spanish Speaking Specialist provides TA to assist the provider in filling out the licensing paperwork and submitting it to the state. Orientation 1 and 2 as well as Safe Sleep are provided to the program in Spanish. The Spanish Speaking Specialists often accompany the licensing consultant on visits to provide translation services.

The Lead Agency contracts with IAEYC to provide services for providers whom English is not their first language. The Indiana Non-Formal CDA project and the T.E.A.C.H. Early Childhood® INDIANA project provide outreach and resources to providers for whom English is not their first language. Assistance is provided to review and translate transcripts, assist with educational counseling and securing of resources to support their continued professional development.

6.1.9 How will the Lead Agency overcome language barriers to serve providers for whom English is not their first language? Check the strategies, if any, that your State/Territory has chosen to implement

- ☒ Informational materials in non-English languages
- ☒ Training and technical assistance in non-English languages
- ☐ CCDF health and safety requirements in non-English languages
- ☒ Provider contracts or agreements in non-English languages
- ☐ Website in non-English languages
- ☒ Bilingual caseworkers or translators available
- ☒ Collect information to evaluate on-going need, recruit, or train a culturally or linguistically diverse workforce
- ☐ Other \_\_\_\_\_
- ☐ None

If the Lead Agency checked any option above related to providing information or services in other non-English languages, please list the primary languages offered (top 3) or specify that the State has the ability to have translation/interpretation in all primary and secondary languages. The Lead Agency offers assistance in various languages as needed through a translation service. Spanish and Burmese are the most frequently requested languages.

- 6.1.10 The State/Territory must use CCDF for activities to improve the quality or availability of child care, including training and technical assistance to providers on identifying and serving homeless children and families. (658E(c)(3)(B)(i) Describe the status of the State/Territory's training and technical assistance to providers on identifying and serving homeless children and their families (connects to Section 3.2.2).

☒ Yes. The State certifies that no later than September 30, 2016 the state will provide training and technical assistance to providers on identifying and serving homeless children and their families. Describe that training and technical assistance for providers. The Lead Agency along with a cross sector group of early childhood professionals has worked together to develop a statewide training module to assist providers in developing a plan for working with families and children who are homeless.

The training module educates and assists providers in identifying families who are homeless and includes information on available state and community resources. Training includes directing families to local shelters as well as other programs and agencies in regards to housing, financial assistance, counseling and the child care assistance program. The training equips providers with the skills and techniques needed to adequately respond to the needs of homeless children.

This training is a scripted train-the-trainer model to allow for a consistent message across the state. Training is provided to regionally based Child Care Resource and Referral (CCR&R) staff who train local providers on an ongoing basis. The local CCR&R agencies provide technical assistance to providers as needed. This training is included in the annual conference on homelessness sponsored by Building Brighter Futures and is available to all McKinney-Vento liaisons to share with shelters and local stakeholders.

Building Brighter Futures was developed in 2007 to address the increased emphasis placed on serving homeless families in Head Start. Through the years, representation on Building Brighter Futures has grown and now includes cross agency representation working on supporting the needs of homeless families and children across multiple sectors. This group provides a forum to share a variety of resources, information and opportunities available to meet the needs of families and children who are experiencing homelessness.

Building Brighter Futures sponsors an annual conference to provide training for persons providing education and/or support to children and families experiencing homelessness. This conference also provides a forum for these agencies and individuals to meet and learn about each other and begin to plan together for their communities.

- ☐ No. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.
- Overall Target Completion Date (no later than September 30, 2016) \_\_\_\_\_
- Current Status – Describe the State/Territory’s status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other) \_\_\_\_\_
  - Implementation progress to date – Identify any requirement(s) partially or substantially implemented \_\_\_\_\_
  - Unmet requirement - Identify the requirement(s) not fully implemented \_\_\_\_\_
- Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) \_\_\_\_\_
  - Projected start date for each activity \_\_\_\_\_
  - Projected end date for each activity \_\_\_\_\_
  - Agency – Who is responsible for complete implementation of this activity \_\_\_\_\_
  - Partners – Who is the responsible agency partnering with to complete implementation of this activity \_\_\_\_\_

## 6.2 Supporting Training and Professional Development of the Child Care Workforce with CCDF Quality Funds

States and Territories may use the quality set-aside discussed in detail in section 7 to support the training and professional development of the child care workforce.

### 6.2.1 Does the State/Territory fund the training and professional development of the child care workforce?

☒ Yes. If yes,

- a. Describe the measures relevant to this use of funds that the State/Territory will use to evaluate the State/Territory’s progress in improving the quality of child care programs and services in the State/Territory.  
The Lead Agency has a multi-pronged approach to evaluating the system of training, technical assistance, and professional development available for providers.  
  
The Lead Agency contracts with the Child Care Resource and Referral Central Office (CCR&R CO) to provide a professional development needs assessment. This

assessment is used to drive the yearly professional development offerings. The Lead Agency evaluates the progress being made in improving the quality of child care programs and services through a variety of lenses. Each level of Indiana's quality rating and improvement system (QRIS), Paths to QUALITY (PTQ,) has specific ongoing professional development requirements which are monitored on a yearly basis through an onsite monitoring visit. By reviewing the PTQ level increase data, along with data on the number of CCDF funded providers participating in professional development opportunities, the Lead Agency is able to track the effectiveness of our professional development offerings.

Evaluations on all professional development trainers and coaches are preformed on a yearly basis to ensure the reliability and efficacy of training and coaching provided to programs. As providers participate in training and coaching events, they also participate in this process by evaluating their experience. The review of these evaluations is ongoing to drive any necessary changes in training and coaching practices.

The Lead Agency contracts with TCC Software Solutions to provide yearly onsite monitoring and rating of our Paths to QUALITY (PTQ) programs. This review includes classroom observation along with a review of professional development taken by the provider(s). PTQ Raters recommend level advancements and/or level continuation on a yearly basis. The PTQ data is reviewed to ensure providers are receiving the required training and also whether they are maintaining or increasing their PTQ level.

The Lead Agency partners with Early Learning Indiana to provide funding support for "Making the Most of Child Interactions" (MMCI) training. The regionally based Child Care Resource and Referral (CCR&R) staff are participating in this statewide effort to improve teacher-child interactions by providing trainings to local providers. This professional development opportunity will target pre-k teachers in both public schools and community-based settings in order to support the vision of a strong, mixed-delivery system, as well as strengthen professional bonds between educators, directors and leaders in both settings. The overarching goal of this MMCI initiative is to strengthen teacher-child interactions in Indiana pre-k settings. This training is evaluated through the use of pre-classroom assessment and, following the end of the training modules, a post classroom assessment.

The Lead Agency has funded two independent studies to provide us evaluation on the success of the professional development and technical assistance system. The first study is a two phase comprehensive study being done by Purdue University to review the effectiveness of our Paths to QUALITY (PTQ) system. At the core of this system are yearly professional development requirements for all participating providers. This study is currently in Phase 2 which researches to see if PTQ is effective at providing training/technical assistance (T/TA) to diverse Indiana child care providers which meets their needs and helps them advance to higher quality levels.

The second independent study is being done by Indiana University. This study is funded to review our Early Education Matching Grant (EEMG) Preschool Program. The CLASS tool is being used to review the environments along with teacher/child interaction and the instructional strategies provided to the children. Information from this will be used to evaluate and make adjustments to the professional development system. An additional tool being used in this study is the Indiana Standards Tool for Alternate Reporting of Kindergarten Readiness (ISTAR-KR). This tool is used to measure skills in children from infancy to kindergarten. This web-based instrument is rated by teachers based on their ongoing observations of children engaged in typical daily routines and activities. Assessment results from ISTAR-KR can be used to determine which skills a child has mastered and to identify the skills a student needs to learn next. This is an ongoing study which will provide the Lead Agency with information on the success of the professional development provided to our providers.

- b. Indicate which funds will be used for this activity (check all that apply)

☒ CCDF funds. Describe. Quality set aside funds

☐ Other funds. Describe \_\_\_\_\_

- c. Check which content is included in training and professional development activities. Check all that apply.

☒ Promoting the social, emotional, physical, and cognitive development of children, including those related to nutrition and physical activity, using scientifically-based, developmentally-appropriate and age-appropriate strategies as required in 6.1.1c. Describe. The Lead Agency contracts with the Indiana Association for the Education of Young Children (IAEYC), the Child Care Resource and Referral Central Office (CCR&R CO) and local Child Care Resource and Referral agencies and partners with other local agencies to provide a multi-faceted approach toward the professional development and trainings that are available for providers.

Both the CCR&R CO and the local CCR&R agencies deliver online and in person trainings to providers. Trainings are developed using the latest research available on each of the subject areas. They are delivered on the social, emotional and physical health of children and how to support these areas. Training topics include but are not limited to: the importance of good nutrition and physical activity and how CACFP supports can be utilized; supporting social, emotional and physical health of children; and multiple approaches to supporting cognitive development. All trainings are aligned with the Indiana Early Learning Foundations and CDA competency area.

The Lead Agency funds a cadre of regionally-based Paths to QUALITY (PTQ) Coaches and Technical Assistance (TA) Specialists who work



directly with providers to assist them as they strive to improve the quality of their programs. Programs that enroll in the PTQ system are eligible to have one on one coaching support from a PTQ Coach. The PTQ Coach works with a provider at all PTQ levels to support the social emotional development of children and to promote healthy and supportive teacher/child interactions. At Level 2 of PTQ, coaches work with providers to improve the quality of the learning environment, and at Level 3 of PTQ the coaches work with providers to improve the curriculum and intentional learning experiences provided. At the highest level, Level 4, coaches work with providers in the obtainment of National Accreditation.

Infant/Toddler Specialists, Inclusion Specialists, and School Age Specialists are also funded to provide one on one technical assistance support for providers. These experts work with programs on issues that are specifically related to their area of expertise, such as working with an Infant/Toddler provider to plan learning experiences tied to the Early Learning Foundations that support the learning trajectory of infants and toddlers in their program. These TA specialists also work with the PTQ Coaches to provide a deeper level of support in their area of expertise.

The Lead Agency partners with Early Learning Indiana (ELI) to provide funding support for “Making the Most of Child Interactions” (MMCI) training. The regionally based CR&R staff are participating in this statewide effort to improve teacher-child interactions by providing trainings to local providers. This professional development opportunity will target pre-k teachers in both public schools and community-based settings in order to support the vision of a strong, mixed-delivery system and strengthen professional bonds between educators, directors and leaders in both settings. The overarching goal is to strengthen teacher-child interactions in Indiana pre-k settings.

Taking Steps to Healthy Success is an initiative to support training and technical assistance to providers around the topic of Childhood Obesity. This project includes five (5) full day learning sessions with onsite technical assistance provided between trainings sessions. Topics for the full day sessions include: healthy nutrition, physical education, breast feeding, family engagement and staff engagement. This initiative is using the family engagement toolkit developed by the Indiana Early Learning Advisory Council in partnership with the Lead Agency to support their work and has tied all the trainings to align with the Indiana Early Learning Foundations. There are currently a total of 56 programs around the state participating in this initiative.

Extensive training and technical assistance is provided through the Caregivers Learning Indiana’s Model for Building Social Skills

(CLIMBS) project. Participating providers receive extensive training and onsite technical assistance based on the pyramid model for the Center on the Social and Emotional Foundations for Early Learning (CSEFEL).

Asynchronous trainings are housed on the online training portal "Training Central". Topics include primary caregiving and continuity of care in group settings, an introduction to Indiana Early Learning Standards (Foundations), working with children who have asthma, lead detection and prevention, disaster and emergency preparedness, abuse and neglect detection and prevention, and healthy attachment relationships.

The local Child Care Resource and Referral agencies also offer professional development regarding literacy development utilizing materials from "Cradling Literacy" or other age appropriate sources or curriculum; curriculum development including information from "Getting to Know Young Children"; school readiness topics such as the expectations of their local school districts; and transitions to school. Sessions from the "I am Moving, I am Learning" training are also offered at least twice annually. At least twelve (12) hours annually are offered on utilizing the CSEFEL infant/toddler series and one CSEFEL preschool series which is an additional twelve (12) hours. Various sessions including an introduction to the Indiana Early Learning Standards (Foundations) are provided at least monthly within each CCR&R's regional service delivery area.

- ☒ Implementing behavior management strategies, including positive behavior interventions and support models that promote positive social -emotional development and early childhood mental health and reduce challenging behaviors, including reducing expulsions of preschool-aged children from birth to five for such behaviors (see also Section 2). Describe. The lead agency contracts with local Child Care Resource and Referral agencies to offer training. Each CCR&R offers at least one CSEFEL (Center on the Social and Emotional Foundations for Early Learning) infant/toddler series and one CSEFEL preschool series lasting twelve (12) hours annually. There is also professional development and technical assistance for providers around topics such as prevention of biting and behavior management. Each CCR&R provides technical assistance to programs as requested through Infant/Toddler Specialists, School Age Specialists, and Inclusion Specialists. The Infant Toddler Specialists utilize curriculum from The Program for Infant Toddler Care (PITC) from West Ed to help providers become responsive caregivers.

The Lead Agency funds a cadre of regionally-based Paths to QUALITY (PTQ) Coaches and Technical Assistance (TA) Specialists who work

directly with providers to assist them as they strive to improve the quality of their programs. Programs that enroll in the PTQ system are eligible to have one on one coaching support from a PTQ Coach. The PTQ Coach is available to support programs by providing research based information on issues such as behavior management as well as modeling best teaching practices on-site.

Infant/Toddler Specialists, Inclusion Specialists and School Age Specialists are also funded to provide one on one technical assistance support for providers. These experts work with programs on issues that are specifically related to their area of expertise and are available to support programs by providing research based information and onsite technical assistance.

The Inclusion specialists work closely with programs participating in the CLIMBS (Caregivers Learning Indiana's Model for Building Social Skills) project. The overall goal of this project is to provide intensive training and technical assistance to early care and education providers in the state of Indiana to assist them in setting up a socially and emotionally competent environment and interactions, resulting in sustained program and policy change. This information was developed by the Center on the Social and Emotional Foundations for Early Learning (CSEFEL) (<http://csefel.vanderbilt.edu/>). The work happens in two phases and uses established tools to assess the social and emotional appropriateness of the environment and interactions: The Pyramid Infant Toddler Observation Scale (TPITOS) and the Teaching Pyramid Observation Tool for Preschool (TPOT) developed by CSEFEL.

- ☒ Engaging parents and families in culturally and linguistically appropriate ways to expand their knowledge, skills, and capacity to become meaningful partners in supporting their children's positive development. Describe. The Lead Agency provides information about meaningful parent and family engagement through the Family Engagement Toolkit. The Family Engagement Toolkit was developed by Indiana's Early Learning Advisory Council (ELAC) in 2015 to support state-funded pre-k providers in their efforts to incorporate family engagement into their preschool programs. The Toolkit was designed to help ELAC define family engagement for Indiana's early care and education providers; help providers understand what quality family engagement looks like in practice; and to help providers with continuous quality improvement regarding family engagement.

The Lead Agency partners with the Indiana Department of Education to make information about all domains of early childhood development available through the Indiana Early Learning Foundations. In 2015, the Foundations were revised to include the following content areas: English/language arts, mathematics, social emotional skills, approaches to play and learning, science, social

studies, creative arts, and physical health and growth. By outlining specific topics and indicators in each of these content areas, the Foundations support teachers, parents, caregivers, and other professional personnel as they develop appropriate experiences for young children. In 2016, the Lead Agency is partnering with the Indiana Department of Education and Indiana's Early Learning Advisory Council to develop a Family Guide for the Indiana Early Learning Foundations. This Guide is intended to help families understand appropriate developmental expectations and ways they can support their children's development and learning.

All providers participating in Indiana's Quality Rating and Improvement System, Paths to QUALITY, are trained on the Indiana Early Learning Foundations. Additionally, as a benefit of participation, each provider receives ongoing, individualized technical assistance from a Paths to QUALITY Coach. Coaches share information and resources on research and best practice in child development and support providers as they work to improve their programs and implement best practice. The Local Child Care Resource and Referral agencies offer Authentic Family Engagement sessions at least two times annually; Family Friendly Breastfeeding sessions at least two times annually; and Rock-a-Bye training for families, a training on safe sleeping practices for infants.

Asynchronous trainings housed on the online training portal "Training Central" are available on topics such as How Trauma Affects Adults, Parenting Behaviors, and Helping Parents Develop Skills that Support Social Emotional Development in Babies.

- ☒ Developmentally appropriate, culturally and linguistically responsive instruction and evidence based curricula, and learning environments that are aligned with the State/Territory Early Learning and Development Standards. Describe. Local CCR&R agency staff have received training from national experts on providing instruction which is both culturally and linguistically responsive. All Professional Development offered either online at Training Central or in person is aligned with the Indiana Early Learning Foundations and Developmentally Appropriate Practice and are tied to the CDA competency areas.
- ☒ On-site or accessible comprehensive services for children and community partnerships that promote families' access to services that support their children's learning and development. Describe. Each of the local Child Care Resource and Referral agencies has community partnerships that promote families' access to services that support their children's learning and development. Since this varies locally within Indiana's ninety-two (92) counties it is customized to their regional area. All agencies have

developed partnerships which allow them to go onsite and work directly with families around their child care needs. The CCR&R agencies provide consumer education about quality child care indicators to these families based on national best practices set forth by Child Care Aware® of America as well as referrals that meet their unique family needs. They educate families on Paths to QUALITY, Indiana's quality rating and improvement system (QRIS) and provide the referrals in order of the highest rated providers, with higher rated providers referred first.

CCR&R CO also hosts the statewide Consumer Education Office which provides information and resources to families through our toll-free phone number and also through an online referral portal. Information specific to their home is provided based on their expressed needs. Enhanced referrals are also provided to families with infants, toddlers, and children with special needs. If a family has a child with special needs an Infant/Toddler or Inclusion Specialist works directly with the family to ensure the family receives the best care possible for their child. This includes the specialists working with the provider to ensure the child's needs are met by assisting the provider to set appropriate goals to meet the benchmarks of an Individual Education Plan (IEP) or Individual Family Service Plan (IFSP). The lead agency contracts with the nine regional CCR&R's to provide Infant/Toddler Specialists or Inclusion Specialists. It is available for all families based on their need.

- ☒ Using data to guide program evaluation to ensure continuous improvement. Describe. The Lead Agency works closely with the Indiana Department of Education, Early Childhood Division to provide trainings and access to ISTAR-KR (Indiana Standards Tool for Alternate Reporting of Kindergarten Readiness) to all providers. This tool is used to measure skills in children from infancy to kindergarten. This web-based instrument is rated by teachers based on their ongoing observations of children engaged in typical daily routines and activities. Assessment results from ISTAR-KR can be used to determine which skills a child has mastered and to identify the skills a student needs to learn next.

The Lead Agency partners with Early Learning Indiana to provide funding support for "Making the Most of Child Interactions" (MMCI) training. Local Child Care Resource and Referral agencies are participating in this statewide effort to improve teacher-child interactions by providing trainings to local providers. This professional development opportunity will target pre-K teachers in both public schools and community-based settings in order to support the vision of a strong, mixed-delivery system and strengthen professional bonds between educators, directors and leaders in both settings. The overarching goal is to strengthen teacher-child interactions in Indiana pre-k settings.



- ☒ Caring for children of families in geographic areas with significant concentrations of poverty and unemployment. Describe. The lead Agency contracts with local Child Care Resource and Referral (CCR&R) agencies to employ Outreach Specialists. Through an online data system, maps can be generated to show where child care providers are located, the level of quality of these providers, and where children receiving CCDF funds reside. The Outreach Specialists use this data to ensure there are high quality child care choices available throughout the state for families using CCDF vouchers. When necessary, the Outreach Specialists, along with regionally based Paths to QUALITY Coaches, Infant/ Toddler Specialists, School Age Specialists, and/or Inclusion Specialists, work with programs to provide both training and technical assistance to the provider to raise the quality of the services provided to children and families.
- ☒ Caring for and supporting the development of children with disabilities and developmental delays. Describe. The Lead Agency funds a cadre of regionally based Paths to QUALITY (PTQ) Coaches and Technical Assistance (TA) Specialists who work directly with providers to assist them as they strive to improve the quality of their programs. Programs that enroll in the PTQ system are eligible to have one on one coaching support from a PTQ Coach. The PTQ Coach is available to support programs by providing research based information on issues such as providing care for children with special needs as well as onsite modeling of instructional support strategies. Inclusion Specialists are also funded to provide one on one technical assistance support for providers. Inclusion Specialists work with programs on issues that are specifically related to working with children with disabilities and/or developmental delays. They are available to support programs by providing research based information and onsite technical assistance which includes modeling of instructional support strategies.
- Programs are provided the screening tool “Ages and Stages” and child care providers are trained on how and why to use this tool to ensure the needs of all children are being met. This training occurs at least quarterly. Twice a year each Child Care Resource and Referral (CCR&R) agency offers locally based, standardized disability awareness trainings; trainings on adaptation and modifications for classroom curriculum and environments; and trainings on implementing inclusive child care program policies, procedures, and practices. Regional CCR&R agencies also partner with an outside entity to provide disability-specific professional development at least two times annually and offer professional development on implementing inclusive child care program policies, procedures, and practices at least twice annually.



The Lead Agency contracts with the Child Care Resource and Referral Central Office (CCR&R CO) to provide training on supporting the special needs of all children in an inclusive environment. All licensed child care center Directors are required yearly to participate in a six (6) hour training on the Americans with Disabilities Act (ADA) which includes training on how to adapt environments and learning experiences to meet the needs of all children. On a monthly basis, a live webinar is available on disability awareness which includes an introduction to the ADA as it applies to child care providers.

☒ Supporting positive development of school-age children.

Describe. Each local Child Care Resource and Referral agency offers at least four (4) professional development sessions specifically aimed to support providers caring for school-age children. The agencies also partner with local experts who specialize in developmentally appropriate school age programming to offer trainings to the Out of School time providers. Online webinars are periodically offered on positive development of school-age children. Topics included are setting up school-age friendly environments, summer programming, and engaging school-age children in planning their time in care. Modules developed by national expert Roberta Newman have been used as a resource for the development of this training.

The Lead Agency funds a cadre of regionally based Paths to QUALITY (PTQ) Coaches and Technical Assistance (TA) Specialists who work directly with providers to assist them as they strive to improve the quality of their programs. Programs that enroll in the PTQ system are eligible to have one on one coaching support from a PTQ Coach. The PTQ Coach is available to support programs by providing research based information on issues such as program quality improvement as well as onsite modeling of instructional support strategies.

The Lead Agency funds six (6) regionally based School Age Specialists through contracts with local Child Care Resource and Referral agencies. These school age specialists provide one on one technical assistance and support for providers who care for school age children. The Specialists work with programs on issues that are specifically related to the care of school age children. They are available to support programs by providing research based information and onsite technical assistance which includes modeling of instructional support strategies.

☐ Other. Describe

- d) Check how the State/Territory connects child care providers with available Federal and State/Territory financial aid, or other resources for pursuing postsecondary education relevant for the early childhood and school-age workforce. Check all that apply.

- ☒ Coaches, mentors, consultants, or other specialists available to support access to postsecondary training including financial aid and academic counseling
- ☐ State/Territory-wide, coordinated, and easily accessible clearinghouse (i.e. online calendar or listing of opportunities) of relevant postsecondary education opportunities
- ☒ Financial awards (such as scholarships, grants, loans, reimbursement for expenses) from State/Territory for completion of postsecondary education
- ☐ Other. Describe \_\_\_\_\_

☐ No

6.2.2 Does the State/Territory require a specific number of annual training hours for child care providers caring for children receiving CCDF subsidies and in particular content areas? States and Territories are encouraged to consult with *Caring for our Children* for best practices and recommended time needed to address training hour requirements.

☒ Yes. If yes, describe:

a) Licensed Center-Based Care

1) Number of pre-service or orientation hours and any required areas/content

Effective September 30, 2016, all caregivers, teachers, and directors must complete a state approved minimum six (6) hour Basic Health and Safety Orientation training within three (3) months of employment. The training includes the following content areas:

- Prevention and control of infectious diseases (including immunization)
- Prevention of sudden infant death syndrome and use of safe sleeping practices
- Administration of medication, consistent with standards for parental consent
- Prevention of and response to emergencies due to food and allergic reactions
- Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic
- Prevention of shaken baby syndrome and abusive head trauma
- Emergency preparedness and response planning for emergencies resulting from a natural disaster, or a man-caused event (such as

violence at a child care facility), within the meaning of those terms under section 602(a) (1) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5195a(a)(1))

- Handling and storage of hazardous materials and the appropriate disposal of bio contaminants
- Precautions in transporting children (if applicable)
- First aid and cardiopulmonary resuscitation (CPR) certification

2) Number of on-going hours and any required areas/content \_\_\_\_\_

Child care center directors and all persons counted in child/staff ratios are required to have on an annual basis, a minimum of twelve (12) clock hours of in-service training in addition to First aid, cardiopulmonary resuscitation (CPR), universal precautions, and life saving certification.

The director shall receive training in each of the following categories:

- Administrative issues.
- Curriculum and developmentally appropriate practices.
- Health, nutrition, sanitation, and safety.

Caregivers shall receive training in each of the following categories:

- Positive classroom management and discipline.
- Developmentally appropriate practices and curriculum.
- Child development.
- Health, nutrition, sanitation, and safety.
- CPR
- First aid
- Training in recognizing and reporting child abuse and neglect.
- Training related to the needs and development of the children they care for.

**b) Licensed Group Child Care Homes**

- 1) Number of pre-service or orientation hours and any required areas/content \_\_\_\_\_ N/A: Indiana does not have this category of care.
- 2) Number of on-going hours and any required areas/content \_\_\_\_\_ N/A: Indiana does not have this category of care.

**c) Licensed Family Child Care Provider**

- 1) Number of pre-service or orientation hours and any required areas/content \_\_\_\_\_

Effective September 30, 2016, all caregivers, teachers, and directors must complete a state approved minimum six (6) hour Basic Health and Safety

Orientation training within three (3) months of employment. The training includes the following content areas:

- Prevention and control of infectious diseases (including immunization)
- Prevention of sudden infant death syndrome and use of safe sleeping practices
- Administration of medication, consistent with standards for parental consent
- Prevention of and response to emergencies due to food and allergic reactions
- Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic
- Prevention of shaken baby syndrome and abusive head trauma
- Emergency preparedness and response planning for emergencies resulting from a natural disaster, or a man-caused event (such as violence at a child care facility), within the meaning of those terms under section 602(a) (1) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5195a(a)(1))
- Handling and storage of hazardous materials and the appropriate disposal of bio contaminants
- Precautions in transporting children (if applicable)

- 2) First aid and cardiopulmonary resuscitation (CPR) certification  
Number of on-going hours and any required areas/content  
Caregivers, teachers and staff counted in staff/child ratios must complete twelve (12) hours of continuing education approved by the state and related to the age appropriate educational development, care, and safety of children. At least one (1) caregiver must be trained annually in pediatric CPR. The licensee must obtain a Child Development Associate Credential (CDA) within three (3) years of becoming licensed.

**d) Any other eligible CCDF provider**

- 1) Number of pre-service or orientation hours and any required areas/content.

Effective September 30, 2016, all caregivers, teachers, and directors must complete a state approved minimum six (6) hour Basic Health and Safety Orientation training within 3 months of employment. The training includes the following content areas:

- Prevention and control of infectious diseases (including immunization)

- Prevention of sudden infant death syndrome and use of safe sleeping practices
- Administration of medication, consistent with standards for parental consent
- Prevention of and response to emergencies due to food and allergic reactions
- Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic
- Prevention of shaken baby syndrome and abusive head trauma
- Emergency preparedness and response planning for emergencies resulting from a natural disaster, or a man-caused event (such as violence at a child care facility), within the meaning of those terms under section 602(a) (1) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5195a(a)(1))
- Handling and storage of hazardous materials and the appropriate disposal of bio contaminants
- Precautions in transporting children (if applicable)
- First aid and cardiopulmonary resuscitation (CPR) certification

2) Number of on-going hours and any required areas/content \_\_\_\_\_

Caregivers, teachers and staff counted in child/staff ratios must complete twelve (12) hours of continuing education approved by the state and related to the age appropriate educational development, care, and safety of children. At least one (1) caregiver must be trained annually in pediatric CPR.

6.2.3 Describe the status of the State/Territory's policies and practices to strengthen provider's business practices.

- ☒ Fully implemented. Describe the State strategies including training, education, and technical assistance to strengthen provider's business practices. This may include, but is not limited to, such practices related to fiscal management, budgeting, record-keeping, hiring, developing, and retaining qualified staff, risk management, community relationships, marketing and public relations, and parent-provider communications, including who delivers the training, education and/or technical assistance. The Lead Agency has multiple strategies to develop and strengthen the business practices of child care providers that include training, education, and technical assistance. Completion of an initial orientation training series is required prior to licensure or registration. The training has been developed to provide support for meeting regulatory

requirements and getting started successfully in the business of child care. Information about these trainings is posted on the IACCRR website and on the OECOSL website:

- Orientation Training I (including the ABC's of a Child Care Business booklet)
  1. This training is for anyone who is considering going into the child care business and is available online through the online training portal Training Central or in-person at a local Child Care Resource and Referral agency.
  2. Includes basic information and resources including business supports to help programs decide where they fit into the state child care system.
- Orientation Training II- Centers/Child Care Ministries
  1. The Lead Agency employs center licensing staff who provide monthly trainings on becoming licensed. This training goes deeper into what is needed for a center based program to become licensed/registered in Indiana and where to go for startup help. This training includes information presented by the State Fire Marshall, Indiana's T.E.A.C.H. scholarship program, and the Indiana Department of Environment Management's 5 start program.
  2. A packet of resource information is given to each participant that includes the CCDF voucher program, Paths to QUALITY, licensing laws and rules, sample forms and policies, a licensing consultant map, CACFP, CCR&R services, and training /education information.
  3. The OECOSL nurse consultants are available to provide technical assistance in the development of the required Health and Nutrition Plan.
- Orientation Training II- Homes
  1. This regionally based training is available at least monthly from local Child Care Resource and Referral (CCR&R) agencies. There is a standardized power point presentation and an OT2 Manual. The training is designed to outline regulatory requirements, licensing steps, and provide all the necessary paperwork and information including business supports to complete the goal of starting a licensed child care home.
  2. A packet of resource information is given to each participant that includes CCDF voucher program, Paths to QUALITY, licensing laws and rules, sample forms and policies, a licensing consultant map, CACFP, and CCR&R services, suggested business supports, and training /education information.
  3. The CCR&R staff follows up with each participant after the training to determine if additional assistance is needed in completing their application for child care home licensing.

Business support for the ongoing development and success of a child care business are also available:

- Tom Copeland's recorded webinar- Treating Family Child Care as a Business
  1. A six part video series. Topics include legal issues, start-up costs, start-up tax issues, key aspects of a business plan, contracts, marketing, insurance, professional development, and record keeping.
  2. The series is available through the online training portal Training Central.
- Program Early Childhood Administration Certificate
  1. Offered through Ivy Tech Community Colleges
  2. Supported by Indiana T.E.A.C.H. scholarships



3. Includes competencies in organizational management such as legal and fiscal management, staff management and human relations, marketing and public relations, leadership and advocacy, and technology.
- Director's Credential – nationally recognized Aim4Excellence
    1. University of Southern Indiana (USI). The USI certificate is through National Lewis University.
    2. Supported by Indiana T.E.A.C.H. scholarships.
    3. Includes competencies in organizational management such as legal and fiscal management, staff management and human relations, marketing and public relations, leadership and advocacy, and technology. Includes key issues pertinent to managing a fiscally responsible early childhood business. This credential includes competencies on the legal requirements and tax implications that relate to the operation of programs with differing ownership status, the language of accounting and information on budgets, calculations, and financial reports to assist directors in making informed business decisions that are aligned with their program's values and purposes, and strategies for promoting and maintaining a positive public image that is specifically targeted to the existing and potential customers of a local child care market.
  - Annual Director's Forum
    1. The Lead Agency contracts with the Child Care Resource and Referral Central Office (CCR&R CO) to provide an annual Director's Forum. Training sessions include topics to strengthen business practices such as wage laws, communication skills, HR issues, and grant writing tips.
  - Annual Child Care Home Conference
    1. The Lead Agency contract with CCR&R CO to provide an annual Child Care Home Conference. Training sessions include topics to strengthen business practices such as wage laws, communication skills, HR issues, and grant writing tips.
  - Bi-annual Child Care Ministry Conference
    1. The Lead Agency contract with CCR&R CO to provide an bi-annual Child Care Ministry Conference for faith-based child care providers in Indiana. Training sessions include topics to strengthen business practices such as wage laws, communication skills, HR issues, and grant writing tips.
  - The Lead Agency, United Way of Central Indiana, and the Indianapolis Chamber of Commerce have partnered to pilot a Business Ownership initiative. This project provides concentrated, one-on-one small business coaching to thirty (30) child care ministry-based not-for-profit child care programs participating in Paths to QUALITY.
    1. Outcomes are to streamline business operations, increase financial management understanding, resources and capabilities, and enhance strategic planning process.
    2. Includes a 6 month coaching process with at least 12 hours of individual coaching centered on improving the ministries financial stability through cash flow analysis, business operations analysis, and resource connection.
    3. Participants also attend an eight (8) session business education class to gain valuable business skills.
    4. Depending on the success of this pilot, a similar project could be expanded into additional CCR&R regions utilizing local business resources.

☐ Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement,

including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) \_\_\_\_\_
- Current Status – Describe the State/Territory’s status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other) \_\_\_\_\_
  - Implementation progress to date – Identify any requirement(s) partially or substantially implemented \_\_\_\_\_
  - Unmet requirement - Identify the requirement(s) not fully implemented \_\_\_\_\_
- Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) \_\_\_\_\_
  - Projected start date for each activity \_\_\_\_\_
  - Projected end date for each activity \_\_\_\_\_
  - Agency – Who is responsible for complete implementation of this activity \_\_\_\_\_
  - Partners – Who is the responsible agency partnering with to complete implementation of this activity \_\_\_\_\_

### 6.3 Early Learning and Developmental Guidelines

The CCDBG Act of 2014 added a requirement that the State/Territory will develop, maintain, or implement early learning and developmental guidelines that are appropriate for children in a forward progression from birth to kindergarten entry (i.e., birth-to-three, three-to-five, or birth-to-five), describing what such children should know and be able to do, and covering the essential domains of early childhood development for use State/Territory wide by child care providers. (658E(c)(2)(T)) At the option of the State/Territory, early learning and development guidelines for out-of-school time may be developed. States and Territories may use the quality set-aside as discussed in section 7 to improve on the development or implementation of early learning and development guidelines.

- 6.3.1 Describe the status of the State/Territory’s early learning and development guidelines appropriate for children from birth to kindergarten entry.

- ☒ The State/Territory assures that the early learning and development guidelines are:
- Research-based, developmentally appropriate, culturally and linguistically appropriate, and aligned with entry to kindergarten

- Implemented in consultation with the State educational agency and the State Advisory Council (SAC) or other state or state-designated cross-agency body if there is no SAC
- Updated as determined by the State. List the date or frequency *The Indiana Early Learning Foundations were updated in June 2015.*

☒ Fully implemented and meeting all Federal requirements outlined above. List the Lead Agency's policy citation(s) and describe using 6.3.2 through 6.3.4 below

☐ Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) \_\_\_\_\_
- Current Status – Describe the State/Territory's status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other) \_\_\_\_\_
  - Implementation progress to date – Identify any requirement(s) partially or substantially implemented \_\_\_\_\_
  - Unmet requirement - Identify the requirement(s) not fully implemented \_\_\_\_\_
- Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) \_\_\_\_\_
  - Projected start date for each activity \_\_\_\_\_
  - Projected end date for each activity \_\_\_\_\_
  - Agency – Who is responsible for complete implementation of this activity \_\_\_\_\_
  - Partners – Who is the responsible agency partnering with to complete implement this activity \_\_\_\_\_

Check for which age group(s) the State/Territory has established early learning and development guidelines:

☐ Birth-to-three. Provide a link \_\_\_\_\_

☐ Three-to-Five. Provide a link \_\_\_\_\_

☒ Birth-to-Five. Provide a link \_\_\_\_\_

<http://www.doe.in.gov/sites/default/files/earlylearning/foundations-2015-august-12.pdf>

☐ Five and older (check if State/Territory has standards for five and older that complement but cover child development areas not covered by k-12 academic standards). Describe and provide a link \_\_\_\_\_

☐ Other. Describe \_\_\_\_\_

Does the State/Territory use CCDF quality funds to improve on the development or implementation of early learning and development guidelines by providing technical assistance to child care providers to enhance children's cognitive, physical, social and emotional development and support children's overall well-being?

☒ Yes, the State/Territory has a system of technical assistance operating State/Territory-wide

☐ Yes, the State/Territory has a system of technical assistance operating as a pilot or in a few localities but not State/Territory-wide

☐ No, but the State/Territory is in the development phase

☐ No, the State/Territory has no plans for development

a) If yes, check all that apply to the technical assistance and describe.

☒ Child care providers are supported in developing and implementing curriculum/learning activities based on the State's/Territory's early learning and development guidelines. Describe. The Lead Agency contracts with local Child Care Resource and Referral Agencies (CCR&R) to develop and deliver trainings and technical assistance to child care providers. All trainings are aligned with the Indiana Early Learning Foundations. The Lead Agency also contracts with local CCR&Rs and the Indiana Association for the Education of Young Children to provide coaching support for providers. The Coaches utilize the Indiana Early Learning Foundations as a basis for the technical assistance provided to programs around curriculum development and intentional learning experiences provided for children. All child care providers participating in Indiana's Quality Rating and Improvement System, Paths to QUALITY, receive technical assistance from Paths to QUALITY Coaches. These Coaches provide ongoing individualized support, including support for implementing daily instruction strategies that align with the Indiana Early Learning Foundations.

☒ The technical assistance is linked to the State's/Territory's quality rating and improvement system. Describe Levels 2, 3 and 4 of Paths to QUALITY require the Director to receive orientation on the Indiana Early Learning Foundations and all teaching staff receive training on the Indiana Early Learning Foundations. All child care providers participating in Indiana's Quality Rating and Improvement System, Paths to QUALITY, receive technical assistance from Paths to QUALITY Coaches. These Coaches provide ongoing individualized support, including support for

implementing daily instruction strategies that align with the Indiana Early Learning foundations.

- ☒ Child care providers working with infants and/or toddlers have access to the technical assistance for implementing early learning and development guidelines. Describe The Lead agency contracts with local Child Care Resource and Referral Agencies (CCR&R) to provide training aligned with the Indiana Early Learning Foundations that is specific to the needs of Infant/Toddler providers. Infant/Toddler providers also have access to regionally based coaches and Infant Toddler Specialists, who work directly with program teachers to ensure the teachers understand the learning trajectory of infants and toddlers. The coaches and specialists work with the teachers to ensure the curriculum, environment and learning experiences provided for infants and toddlers are aligned with the Foundations.
- ☒ Child care providers working with preschool-age children have access to the technical assistance for implementing early learning and development guidelines. Describe The Lead agency contracts with local Child Care Resource and Referral Agencies (CCR&R) to provide training aligned with the Early Learning Foundations that is specific to the needs of Preschool providers. Preschool providers have access to regionally based coaches and Inclusion Specialists who work directly with teachers to ensure they understand the learning trajectory of preschool children as supported in the Foundations. These coaches are available to programs to provide direct support to teachers to ensure the curriculum, environment and learning experiences provided for all children is aligned with and meets the goals of the Indiana Early Learning Foundations.
- ☒ Child care providers working with school-age children have access to the technical assistance for implementing early learning and development guidelines. Describe The Lead Agency contracts with local Child Care Resource and Referral (CCR&R) agencies to offer professional development opportunities with wrap around onsite technical assistance for child care providers that serve school-age children to help them with implementing the Indiana Early Learning Foundations. Seven of the nine local CCR&R agencies currently employ a School Age Specialist who offers more enhanced Technical Assistance around curriculum implementation. Across the entire state of Indiana there are Paths to QUALITY Coaches that help child care providers working with school-age children implement Indiana's early learning and development guidelines.

b) Indicate which funds are used for this activity (check all that apply)

☒ CCDF funds. Describe Quality set aside and infant/toddler set aside

☐ Other funds. Describe \_\_\_\_\_

6.3.4 Check here ☒ to demonstrate that State/Territory assures that CCDF funds will not be used to develop or implement an assessment for children that: (658E(c)(2)(T)(ii)(I))

- Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF program
- Will be used as the primary or sole basis to provide a reward or sanction for an individual provider
- Will be used as the primary or sole method for assessing effectiveness of child care programs
- Will be used to deny children eligibility to participate in the CCDF program

## 7. Support Continuous Quality Improvement

Lead Agencies are required to reserve and use a portion of their Child Care and Development Block Grant funds for activities designed to improve the quality of child care services and increase parental options for, and access to, high-quality child care. Support for continuous quality improvement is expected to cover the entire age span of children supported by CCDF, from birth through age 12. States/Territories may provide these quality improvement activities directly, or through grants or contracts with local child care resource and referral organizations or other appropriate entities. The activities should be in alignment with a State/Territory-wide assessment of the State's/Territory's needs to carry out such services and care. These quality investments can align with, support and help sustain additional quality efforts developed under Race to the Top Early Learning Challenge grants, Early Head Start/Head Start partnerships and other funding efforts.

States and Territories will report on these quality improvement investments through CCDF in three ways: 1) ACF will collect annual data on how much CCDF funding is spent on quality activities using the expenditure report (ACF-696); 2) In the Plan, States and Territories will describe the types of activities supported by quality investments over the three-year period; and 3) For each three-year Plan period, States and Territories will submit a separate annual report that will show the measures used by the State/Territory to evaluate its progress in improving the quality of child care programs and services in the State/Territory.

The CCDBG Act of 2014 requires States and Territories to use the quality set-aside to fund at least one of the following 10 activities:

- 1) Supporting the training and professional development of the child care workforce (as described in Section 6)
- 2) Improving on the development or implementation of early learning and development guidelines (as described in Section 6)
- 3) Developing, implementing, or enhancing a tiered quality rating system for child care providers and services
- 4) Improving the supply and quality of child care programs and services for infants and toddlers



- 5) Establishing or expanding a Statewide system of child care resource and referral services (as described Section 1)
- 6) Supporting compliance with State/Territory requirements for licensing, inspection, monitoring, training, and health and safety (as described in Section 5)
- 7) Evaluating the quality of child care programs in the State/Territory, including evaluating how programs positively impact children
- 8) Supporting providers in the voluntary pursuit of accreditation
- 9) Supporting the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development
- 10) Other activities to improve the quality of child care services as long as outcome measures relating to improved provider preparedness, child safety, child well-being, or kindergarten-entry are possible.

Throughout this Plan, States and Territories will describe the types of quality improvement activities where CCDF investments are being made, including but not limited to, the quality set-aside funds. We recognize that for some areas, States and Territories may leverage other funds to support the quality improvement goals, which we encourage and support. For example, activities related to early learning and development guidelines may be supported by a combination of CCDF and education funding. States and Territories continue to have such flexibility.

## 7.1 Activities to Improve the Quality of Child Care Services

- 7.1.1 What are your overarching goals for quality improvement? Please describe how the State/Territory selected these goals, including any data or the State/Territory-wide assessment of needs that identified the needs for quality improvement services

The overall quality goals for Indiana include the following:

1. Increase the number of providers/facilities enrolled in Paths to QUALITY, including those that are located in public schools, those that serve school age children, and other licensed exempt provider types;
2. Increase the number of providers/facilities highly rated on Paths to QUALITY;
3. Increase the percentage of children receiving CCDF vouchers who are enrolled in Paths to QUALITY and enrolled in a highly rated Paths to QUALITY program;
4. Increase family access to highly rated providers in identified areas of high need;
5. Increase the number of teachers and caregivers with increased levels of professional development across the career lattice, including an increased number of individuals with Infant/toddler credentials or endorsements and director/administrator credentials; and

6. Improve provider access to high quality, sequential and stackable trainings that articulate into credentials or endorsements, including training and technical assistance on the use of evidence based curricula, child assessments, individualized lessons plans, and improving school readiness for children.

These goals are set through an intensive needs assessment and strategic planning process that engages numerous collaborative partners including the Indiana Early Learning Advisory Committee (ELAC). The ELAC Annual Report found the following needs across the state of Indiana:

- Increase family access to high quality programs;
- Increase the number of well-prepared and effective early education teachers; and
- Develop the necessary infrastructure to ensure that children and their families have access to affordable, high quality early education programs.

7.1.2 Check and describe which of the following specified quality improvement activities the State/Territory is investing in:

- ☒ Developing, implementing or enhancing a tiered quality rating system. If checked, respond to 7.2.
- ☐ Indicate which funds will be used for this activity (check all that apply)
- ☒ CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.) Quality set aside funds
- ☒ Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.) On My Way Pre-K capacity building and targeted funds grants funded collaboratively with state pre-K funds, United Way of Central Indiana and the Partnerships for Early Learning.
- ☒ Improving the supply and quality of child care services for infants and toddlers. If checked, respond to 7.3.
- ☐ Indicate which funds will be used for this activity (check all that apply)
- ☒ CCDF funds. Describe CCDF funds (e.g., quality set-aside, including whether designated infant- and toddler set aside, etc.) funds are being used along with other CCDF funds Infant toddler set-aside, Quality set aside

- ☐ Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.) \_\_\_\_\_
- ☒ Establishing or expanding a statewide system of CCR&R services as discussed in 1.7. If checked, respond to 7.4.
- ☐ Indicate which funds will be used for this activity (check all that apply)
- ☒ CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.) Quality set aside, Infant Toddler set-aside
- ☐ Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.) \_\_\_\_\_
- ☒ Facilitating compliance with State/Territory requirements for inspection, monitoring, training, and health and safety standards (as described in Section 5). If checked, respond to 7.5.
- ☐ Indicate which funds will be used for this activity (check all that apply)
- ☒ CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.) Quality set aside, Infant Toddler set-aside
- ☐ Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.) \_\_\_\_\_
- ☒ Evaluating and assessing the quality and effectiveness of child care services within the State/Territory. If checked, respond to 7.6.
- ☐ Indicate which funds will be used for this activity (check all that apply)
- ☒ CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.) Quality set aside, Infant Toddler set-aside
- ☐ Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.) \_\_\_\_\_
- ☒ Supporting accreditation. If checked, respond to 7.7.
- ☐ Indicate which funds will be used for this activity (check all that apply)
- ☒ CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.) Quality set aside, Infant Toddler set aside
- ☐ Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.) \_\_\_\_\_

- ☒ Supporting State/Territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development. If checked, respond to 7.8.

☐ Indicate which funds will be used for this activity (check all that apply)

☒ CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.) Quality set aside, infant toddler set aside

☐ Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.) \_\_\_\_\_

- ☐ Other activities determined by the State/Territory to improve the quality of child care services, and for which measurement of outcomes related to improved provider preparedness, child safety, child well-being, or entry into kindergarten is possible. If checked, respond to 7.9.

☒ Indicate which funds will be used for this activity (check all that apply)

☒ CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.) Quality and Infant/Toddler Set asides.

☒ Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.) Funded in collaboration between state pre-K funds and local partnerships including United Way of Central Indiana and Partnerships for Early Learning.

## 7.2 Quality Rating and Improvement System

7.2.1 Does your State/Territory have a quality rating and improvement system (QRIS)?

- ☒ Yes, the State/Territory has a QRIS operating State/Territory-wide. Describe how the QRIS is administered (e.g., state or locally administered such as through CCR&Rs) and provide a link, if available Indiana's QRIS, Paths to QUALITY, is state administered by the Lead Agency. Other partners involved in planning and supporting quality improvement activities are the Head Start State Collaboration Office, the Indiana Department of Education, the Indiana Association for the Education of Young Children, the Child Care Resource and Referral Central Office, nine local Child Care Resource and Referral Agencies, the Indiana Early Childhood Higher Education Forum, Purdue University, and The Consultants Consortium (TCC). The Lead Agency supports two websites that also contain information on Paths to QUALITY:

<http://www.in.gov/fssa/carefinder/2554.htm> and [www.childcareindiana.org](http://www.childcareindiana.org) .

- ☐ Yes, the State/Territory has a QRIS operating as a pilot, in a few localities, or only a few levels but not fully operating State/Territory-wide. Provide a link, if available \_\_\_\_\_
  - ☐ No, but the State/Territory is in the development phase
  - ☐ No, the State/Territory has no plans for development
- a) If yes, check all that apply to your QRIS.
- ☒ Participation is voluntary
  - ☐ Participation is mandatory for providers serving children receiving subsidy. If checked, describe the relationship between QRIS participation and subsidy (minimum rating required, participation at any level, etc.) \_\_\_\_\_
  - ☐ Participation is required for all providers
  - ☒ Includes nationally-recognized accreditation as a way to meet/achieve QRIS rating levels
  - ☒ Supports and assesses the quality of child care providers in the State/Territory
  - ☒ Builds on State/Territory licensing standards and other State/Territory regulatory standards for such providers
  - ☒ Embeds licensing into the QRIS. Describe Attaining and maintaining licensing compliance is the first level of Paths to QUALITY.
  - ☒ Designed to improve the quality of different types of child care providers and services
  - ☒ Describes the safety of child care facilities
  - ☒ Addresses the business practices of programs
  - ☒ Builds the capacity of State/Territory early childhood programs and communities to promote parents' and families' understanding of the State/Territory's early childhood system and the ratings of the programs in which the child is enrolled
  - ☒ Provides, to the maximum extent practicable, financial incentives and other supports designed to expand the full diversity of child care options and help child care providers improve the quality of services. If checked, please describe how these financial options link to responses in Section 4.3 related to higher payment rates tied to quality The Lead Agency established tiered payment rates for CCDF subsidy to help providers improve and sustain the quality of services and to allow CCDF families access to higher quality providers without additional costs. The payment

tiers correlate to the QRIS levels and increase payment for higher levels of quality. In addition, coaching and technical assistance services are provided to programs to assist in meeting quality improvement standards and financial awards are made to providers who increase a level or maintain the highest QRIS level. When available, Paths to QUALITY providers or those seeking to enroll in Paths to QUALITY are most often given priority to grants issued by the Lead Agency.

- ☒ Can be used to track trends in whether children receiving subsidy are utilizing rated care settings and level of rating

b) If yes, which types of settings or distinctive approaches to early childhood education and care participate in the State's/Territory's QRIS? Check all that apply.

- ☒ Licensed child care centers
- ☒ Licensed family child care homes
- ☒ License-exempt providers
- ☒ Early Head Start programs
- ☒ Head Start programs
- ☒ State pre-Kindergarten or preschool program
- ☒ Local district supported pre-Kindergarten programs
- ☒ Programs serving infants and toddlers
- ☒ Programs serving school-age children
- ☒ Faith-based settings
- ☐ Other. Describe.

7.2.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory. The Lead Agency establishes annual target goals for Paths to QUALITY (PTQ) participation by provider types, the percentage of programs who increase a level, the number of providers who maintain their rating at the highest level, and the percent of subsidy children enrolled PTQ local Child Care Resource and Referral (CCR&R) agencies as well as the Indiana Association for the Education of Young Children. Strategies are put in place to ensure that the goals are progressing and will be met by the end of each contract year.

Additionally, Purdue University conducts ongoing evaluations of the Paths to QUALITY system. These evaluations include the use of tools such as the Environmental Rating



Scales, CLASS assessments and multiple measures of child development to measure the impact of Paths to QUALITY standards on the quality of the program and the impact on outcomes for children. Indiana University also conducts assessments of the Early Education Matching Grants. These grants require providers to have a Paths to QUALITY rating level of 3 or 4. The Indiana University evaluations is also examining the impact of high rated, high quality providers on child outcomes. Reports from both Purdue and Indiana University can be found at the following links :  
<http://www.in.gov/fssa/pathstoquality/3764.htm> and  
[http://www.in.gov/fssa/files/EEMG\\_Report\\_year\\_1\\_final.pdf](http://www.in.gov/fssa/files/EEMG_Report_year_1_final.pdf).

### 7.3 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

The CCDBG Act of 2014 included changes targeted at improving the supply and quality of infant-toddler care. Lead Agencies are encouraged to systematically assess and improve the overall quality of care infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers and the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care.

7.3.1 What activities are being implemented by the State/Territory to improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers? Check all that apply and describe.

- ☐ Establishing or expanding high-quality community or neighborhood-based family and child development centers, which may serve as resources to child care providers in order to improve the quality of early childhood services provided to infants and toddlers from low-income families and to help eligible child care providers improve their capacity to offer high-quality, age-appropriate care to infants and toddlers from low-income families. Describe \_\_\_\_\_
- ☒ Establishing or expanding the operation of community or neighborhood-based family child care networks. Describe The Lead Agency partners with Early Learning Indiana and local Child Care Resource and Referral (CCR&R) Agencies on a Quality Improvement Campaign to create and maintain Family Child Care Cohorts across the state. The CCR&R agencies provide meaningful professional development experiences to enhance the quality of family child care networks in their region. The goal is to support eight (8) to twelve (12) Family Child Care Providers, per region, as they work to advance towards the obtainment of a CDA credential and move through the levels of Paths to QUALITY. Through private partnerships, the cohorts will receive financial incentives and support in coordination with Early Learning Indiana. We believe this support has created a successful professional development environment model that can be duplicated and will improve quality, knowledge-base, compensation, and retention.

- ☒ Providing training and professional development to promote and expand child care providers' ability to provide developmentally appropriate services for infants and toddlers. Describe The Lead Agency contracts with nine (9 ) local Child Care Resource and Referral (CCR&R) Agencies to provide training and technical assistance around developmentally appropriate services for infants and toddlers. Providers have access to nine (9) local Infant/Toddlers Specialists who are available for training and Technical Assistance. Training topics include but are not limited to, Safe Sleep, Breastfeeding Friendly Child Care, and Social-Emotional Development for Infants and Toddlers. The Lead Agency also partners with the Child Care Resource and Referral Central Office (CCR&R CO) to provide the annual Indiana Infant Toddler Institute. The institute is an opportunity for professionals in the field to gain valuable professional development opportunities from national experts in the field. Formal CEUs and credit hours are available from Ball State University for attendance.
- The Happy Babies Brain Trust workgroup, convened with the support of the Kellogg Foundation and ZERO TO THREE, assisted with the development and rollout of Ball State University's Infant/Toddler Certificate. This is a post secondary specialization certificate that can be completed online. The certificate requires completion of eighteen (18) undergraduate level credit hours. This certificate meets the current educational requirements for Early Head Start teachers. The certificate is aligned with the Indiana Core Knowledge and Competencies and the competencies needed for achieving the [Indiana Infant Mental Health Endorsement](#)<sup>®</sup> (IMH-E ), Level 1 (Infant Family Associate) or Level 2 (Infant Family Specialist).
- ☒ Providing financial incentives (including the use of grants and contracts as discussed in section 4) to increase the supply and quality of infant-toddler care. Describe
- The Lead Agency has established increased CCDF reimbursement rates for infants and toddlers in order to better support the quality of care for these children. As funding is available, the Lead Agency supports capacity and quality building efforts for infants and toddlers.
- Indiana utilizes contracts with Level 4 Paths to QUALITY rated providers located in low income neighborhoods with limited access to high quality care, including contracts with providers participating in the Early Head Start-Child Care partnerships grants. These contracts are specifically designed to support high quality programming for infants and toddlers.
- ☒ Providing coaching and/or technical assistance on this age group's unique needs from Statewide networks of qualified infant-toddler specialists. Describe The Lead Agency contracts with local Child Care Resource and Referral (CCR&R

agencies) to employ regionally based Infant/Toddler Specialists to provide a high level of training and technical assistance to child care providers across the state. They are able to consult with programs that need a more intense level of technical assistance around infant toddler care. The specialists are available to work with individual teachers to coach and model different teaching techniques in an infant/toddler classroom. The Infant/Toddler Specialist works with the Paths to QUALITY Coaches to consult with programs, providing feedback and resources to increase the quality of infant and toddler programming. The Infant/Toddler Specialists assist the Paths to QUALITY Coaches around developmentally appropriate infant and toddler practices. The technical assistance (TA) training blend is an additional method that can be used to increase infant/toddler quality within child care programs. Once professional development is provided, child care programs will have access to the Infant/Toddler Specialist or one of the Paths to QUALITY Coaches who specialize in infant and toddler care, to provide additional onsite assistance. Programs who want to support successful breastfeeding of infants in their care have access to the Infant/Toddler Specialist to aid them in achieving the breastfeeding designation certification. The Infant/Toddler Specialist and Path to QUALITY Coaches who specialize in Infant and Toddler care also provide support to programs interested in practicing continuity of care and primary caregiving.

- ☒ Coordinating with early intervention specialists who provide services for infants and toddlers with disabilities under part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.) Describe Child care providers who experience concerns with the development of an Infant or Toddler can refer the parents to First Steps, Indiana's Early Intervention Agency. Early Intervention Specialists can perform a complete evaluation on the child and work with the parents to develop an Individualized Family Service Plan (IFSP). As part of an IFSP, a family can request for an Early Intervention Specialist to provide services to the infant or toddler at their provider. These services can include training and technical assistance for the child care provider to support the Intervention Specialist in meeting the IFSP goals for the child and family.
- ☒ Developing infant and toddler components within the State's/Territory's QRIS. Describe Indiana has specific Infant Toddler indicators for each standard at each level of Paths to QUALITY, the State's QRIS. Examples of these indicators include: Infants are given one-to-one attention during feeding and diapering; Caregivers engage in many one-to-one, face-to-face interactions with infants/toddlers, including singing and playful interactions; individual napping schedules are respected for infants/toddlers; teachers respond to sounds/speech, including by imitating infants' vocalization and engaging toddlers in conversation; etc.
- ☒ Developing infant and toddler components within the State/Territory's child care licensing regulations. Describe Indiana's rules for licensed child care centers

include specific requirements related to caring for infants and toddlers, including: continuity of care for children under thirty (30) months of age; providing a daily program that is designed to meet the developmental needs of infants and toddlers; talking with, singing, and reading to infants; naming objects, describing events, and reflecting feelings to help children learn new words; respecting toddler's desire to carry favored objects around with them; etc. The Interpretive Guide for licensed child care home rules addresses activities for infants and toddlers that support healthy development.

- ☒ Developing infant and toddler components within the early learning and development guidelines. Describe The Indiana Early Learning Foundations are Indiana's early learning development framework and are aligned to the 2014 Indiana Academic Standards. This framework provides core elements that children should achieve from birth to age five in order to be ready for future success. The Foundations create common language and expectations for the early childhood field.
- ☒ Improving the ability of parents to access transparent and easy to understand consumer information about high-quality infant and toddler care. Describe All families that are seeking care for their infant or toddler have access to an enhanced referral process through Child Care Resource and Referral. Through this process the Infant/Toddler specialists provide one on one support to assist families in understanding what high quality child care for infants and toddlers looks like. Families with infants/toddlers receive referrals to programs that meet their unique needs and the Infant/Toddler Specialist is available throughout the process to answer all of their questions to help them find a good fit for their child. The Lead Agency also utilizes a regulatory website for consumer education. [www.childcarefinder.in.gov](http://www.childcarefinder.in.gov) provides health and safety information for all providers (including providers who serve infants and toddlers), licensing and regulatory requirements, inspection reports and any validated complaints. It also includes information about the Paths to QUALITY Standards. There are many standards specific to the high quality care of infants and toddlers, and all standards are transparent and available to the public on Indiana's regulatory website. The Brighter Futures Indiana Campaign will provide a plethora of information for consumers specific to Infants and toddlers. There will be many resources available to families, including but not limited to, information around developmental screening, new research around infant and toddler care and development, Indiana's Early Learning FOUNDATIONS, and quality indicators for infant and toddler care.
- ☒ Carrying out other activities determined by the State/Territory to improve the quality of infant and toddler care provided in the State/Territory, and for which there is evidence that the activities will lead to improved infant and toddler health and safety, infant and toddler cognitive and physical development, or infant and toddler well-being. Describe Each of the nine (9) of the Child Care

Resource and Referral agencies employs a highly qualified Infant/ Toddler Specialist. These Specialists provide training and onsite technical assistance to providers to help improve the quality of their infant toddler programming and practices. Two important health and safety aspects that the Specialists focus on are safe sleeping practices for infants and safe handling of breast milk. The Specialists offer professional development for child care providers around the cognitive and physical development based upon the curriculum, The Program for Infant and Toddler Care from West Ed. The Child Care Resource and Referral agencies also employ highly qualified Inclusion Specialists that implement a program called CLIMBS (Caregivers Learning Indiana's Model for Building Social Skills). This program provides intensive onsite training and technical assistance to child care providers using the pyramid model from The Center on the Social and Emotional Foundations for Early Learning (CSEFEL). The Inclusion Specialists work with infant and toddler teachers to help ensure that they are meeting the social and emotional needs of their young students.



Other. Describe The Happy Babies Brain Trust has developed an issue brief which brings attention to infant/toddler issues in Indiana. This issue brief, finalized in late 2015, has been disseminated throughout Indiana to bring awareness of issues and priority areas for future work regarding infants, toddlers, and their families. Indiana's Early Learning Advisory Council supports utilizing the brief as a springboard for championing for Indiana's youngest citizens.

- 7.3.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State's progress in improving the quality of child care programs and services in the State/Territory The Lead Agency tracks multiple measures related to the implementation of CCDF-funded infant/toddler quality initiatives, including: the number of enhanced referrals completed for families with infants and toddlers; the number of insufficiencies related to infant/toddler standards in Paths to QUALITY; the number of safe sleep violations in regulated care; the hours of infant/toddler training conducted by child care resource and referral agencies, including the programs receiving this training and the number of children impacted; and the number hours of technical assistance provided by Infant/Toddler and Inclusion Specialists. The Lead Agency monitors this data for progress toward the ultimate goal of improving the quality of infant and toddler services in Indiana. Indiana administers surveys of families who have received enhanced referrals to assist in locating care for an infant or toddler to measure the impact of these services and make improvements as needed. The Purdue evaluations of Paths to QUALITY have also examined the impact of the system on the quality of care available to infants and toddlers. The Lead Agency uses the information gathered by the evaluations to enhance professional development and other supports for providers.

#### 7.4 Child Care Resource & Referral

- 7.4.1 Describe the status of the child care resource and referral system

- ☒ State/Territory has a CCR&R system operating State/Territory-wide. Describe how the CCR&R system is operated, including how many agencies and if there is a statewide network and how the system is coordinated and if it is voluntary. The Lead Agency has contracts with the Child Care Resource and Referral Central Office (CCR&R CO) and nine (9) regional Child Care Resource and Referral agencies. The CCR&R CO is responsible for monitoring and providing training and technical assistance to the local CCR&R agencies around best practice in delivering CCR&R services. The CCR&R CO also operates a statewide consumer education office responsible for child care referrals that help families via phone with their unique child care needs. The CCR&R CO consumer education office provides consumer education about our statewide QRIS, Paths to QUALITY, and information about the importance of high quality child care. The consumer education office staff is trained in national best practices that are set forth by Child Care Aware® of America. The Lead Agency also partners with nine (9) local CCR&R agencies that provide services to all of 92 counties in Indiana. The CCR&R agencies are regionally based and serve anywhere from 4-14 counties. The local child care resource and referral agencies are funded to serve three primary populations throughout the state: families, child care providers, and local communities.

For families, CCR&R agencies strive to ensure that they have access to high-quality child care and that they have the necessary resources to make informed choices when selecting child care. Through a variety of activities, conducted by



the CCR&R Outreach Specialists, the local child care resource and referrals equip families with tools they need to choose the child care program that works for them. With these tools we aim to help families to select affordable, high-quality programs where their children succeed.

For child care providers, the CCR&R agencies provide them with the resources, technical assistance, and professional development opportunities needed to increase the supply and quality of child care. By meeting the needs of child care providers, CCR&R agencies are helping to increase the supply of quality child care programs. The local child care resource and referral agencies have highly-qualified trainers and specialists who offer quality professional development opportunities, coaching supports, and develop meaningful resources based on current research and best practice to help child care providers improve the quality of services and programs they offer.

CCR&R agencies are also responsible for educating local communities on the importance of having high quality child care and how child care impacts our everyday lives and our community's prosperity. This community presence makes CCR&R a critical partner in increasing overall awareness of the importance of high quality early care and education in Indiana. Engaging in partnerships at the local level is a key CCR&R strategy for building community capacity to provide high quality, affordable child care for Indiana families.

8. State/Territory has a CCR&R system operating in a few localities but not fully operating State/Territory-wide. Describe \_\_\_\_ State/Territory is in the development phase

- 7.4.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory The Lead Agency works in partnership with the Child Care Resource and Referral Central Office (CCR&R CO) to monitor the outcomes of local CCR&R work. Each year, the local CCR&R agencies work to develop key outcome measures to drive their work for the year. For each outcome measure, there is a set of output measures (or measureable indicators). By successfully meeting each output on an ongoing basis, the CCR&R agencies ensure the achievement of set outcomes. There are comprehensive data entry procedures in place which ensure the CCR&R CO and Lead Agency's ability to actively monitor and measure the work of the local CCR&R agencies. CCR&R CO maintains a web-based data center that houses live data, updated every 6 hours. Data points include, but are not limited to, high quality capacity by county, Paths to QUALITY (PTQ) enrollment and level advancement by county, and Paths to QUALITY outreach by county. Each CCR&R is held accountable to these outcomes through monthly contract monitoring teleconferences between the Lead Agency and CCR&R CO. The local agency is responsible for ensuring correct data entry prior to these monitoring calls. Each outcome measure is discussed in coordination with the accompanying data. Any apparent gaps in service can be considered non-compliance and there are corrective

action plans that will be put into place. Local agencies are required to develop intentional strategies to bring their outcomes into compliance with the identified outcome measures. Ongoing compliance with identified outcome measures ensures continuous quality improvement for child care programs statewide. Key outcomes include: child care providers with increased knowledge as a result of training; PTQ level advancement PTQ participation; percent of CCDF children enrolled in high quality care; increase in regulated care capacity in high need areas; safe sleep compliance in regulated programs; increased dissemination and provision of information and support about inclusive care and inclusion-related community resources; and compliance with new health and safety and training requirements for legally license exempt CCDF providers, including providers caring for school age children. The Lead Agency supports annual parent and provider surveys of CCR&R performance and impact.

## 7.5 Facilitating Compliance with State Standards

- 7.5.1 What strategies does your State/Territory fund with CCDF quality funds to facilitate child care providers' compliance with State/Territory requirements for inspection, monitoring, training, and health and safety, and with State/Territory licensing standards? Describe The Lead Agency utilizes many strategies to facilitate compliance. These strategies include licensing consultants to support programs, Paths to QUALITY (the State's QRIS), and Technical Assistance (TA) Specialists. Other strategies include targeted intensive coaching, training, blended training and TA, and Indiana's Child Care Health Consultant Program. The Lead Agency supports a cadre of licensing consultants to monitor programs for compliance on all state child care regulations and to provide support for ongoing compliance. The Lead Agency contracts with nine local Child Care Resource and Referral (CCR&R) agencies to provide training and onsite technical assistance and coaching to programs who participate in Indiana's QRIS, Paths to QUALITY. The local CCR&R agencies provide specialized trainings to support providers with compliance on all regulatory requirements and QRIS standards. If a program is found to be out of compliance by a licensing consultant, they can be referred to their local CCR&R for onsite TA and coaching to assist them in rectifying the issue of non-compliance. The Lead Agency also supports a Child Care Health Consultant Program. Health professionals are available to providers for training and support, including resources on multiple health, safety, and nutrition issues. These consultants are available for onsite assessments and can often provide educational information in written handout form, by email, or personal presentations. Specific areas of focus include: medical home information, immunizations, communicable diseases and sanitation, nutrition and physical activity, and mental health information.
- 7.5.2 Describe the measures relevant to this activity that the State will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory The Lead Agency produces monthly licensing reports that track compliance data such as monthly and year-to-date numbers of providers with licensing non-compliances, probationary licenses, validated complaint information, and enforcement actions. We look for trends in reports showing a decline in complaints and

enforcement actions as a result of our strategies used for continuous quality improvement. Onsite licensing inspections include, but are not limited to, monitoring of training and health & safety requirements. The Lead Agency surveys providers frequently to measure the effectiveness of monitoring and technical assistance.

## **7.6 Evaluating and Assessing the Quality and Effectiveness of Child Care Programs and Services**

7.6.1 One of the purposes of the CCDBG Act of 2014 is to increase the number and percentage of low-income children in high-quality child care settings. Describe how the State/Territory measures the quality and effectiveness of child care programs and services offered in the State/Territory, including any tools used to measure child, family, teacher, classroom, or provider improvements, and how the State/Territory evaluates that such programs positively impact High quality, as defined by the Indiana Early Learning Advisory Council (ELAC), is a program who attains a level 3 or level 4 on Paths to QUALITY. Providers who voluntarily choose to participate in Paths to QUALITY are required to meet key quality indicators. Paths to QUALITY (PTQ) coaches are assigned to work with programs to progress the quality within each classroom. The PTQ Coach provides intensive technical assistance to the provider in several different areas including, but not limited to, teaching strategies, teacher-child interactions, family engagement strategies, developmentally appropriate practice, environment, health & safety, curriculum, lesson planning, reflective feedback, and appropriate behavior management and intervention strategies. The PTQ Coach works with programs using the readiness checklist, a tool developed for the Paths to QUALITY system. This tool allows programs to set and meet quality goals in alignment with the Paths to QUALITY standards.

The Lead Agency also strives to ensure that children receiving CCDF subsidies are enrolled in a high quality program. In order to accomplish this it is essential that families receiving CCDF vouchers receive effective outreach on the importance of quality care, how to identify a quality program, and the Paths to QUALITY system. In order to do this, CCDF families are provided consumer awareness materials and numerous points during the service period, starting when the family applies to be on the waitlist. The Lead Agency has worked with MDRC and the Behavioral Interventions to Advance Self Sufficiency project to ensure that the materials used for this effort are effective.

7.6.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory The Lead Agency monitors these measures by setting and tracking annual goals for participation and level advancement in our quality rating and improvement system, Paths to QUALITY. These goals are tracked monthly.

The Lead Agency contracts with Purdue University to measure the effectiveness of our states' QRIS. The Purdue University evaluation research determines whether the Paths to QUALITY (PTQ) quality ratings are valid and also examine children's learning and development within the PTQ system. The overall goal of the evaluation study was to determine if PTQ is effective in its implementation phases and asked two key questions:

does PTQ actually increase the quality of regulated care in programs that participate, and are children participating in higher level PTQ Programs learning and developing more optimally? An evaluation advisory committee of key Indiana stakeholders was convened to review and refine Purdue's research plan. Purdue released several key findings solidifying the effectiveness of Indiana's' QRIS. The Lead Agency utilizes administrative data to examine the quality rating level of the programs selected by CCDF families. Indiana has set performance measures around the percentage of CCDF children enrolled in Paths to QUALITY and highly rated Paths to QUALITY providers. This data is reviewed monthly to determine if the capacity building and consumer outreach is effective at supporting high quality environments for children receiving CCDF vouchers.

## 7.7 Accreditation Support

7.7.1 Does the State/Territory support child care providers in the voluntary pursuit of accreditation by a national accrediting body with demonstrated, valid, and reliable program standards of high quality?



Yes, the State/Territory has supports operating State/Territory-wide. Describe the supports for all types of accreditation the State/Territory provides to child care centers and family child care homes to achieve accreditation The Lead Agency contracts with Indiana Association for the Education of Young Children (IAEYC) to administer the Indiana Accreditation Project. This project provides financial support for the voluntary pursuit of accreditation from the following accrediting bodies; National Family Child Care Association (NAFCC) , National Early Childhood Professional Association (NECPA), National Association for the Education of Young Children (NAEYC), Council on Accreditation (COA) and Association of Christian Schools International (ACSI). Currently in the state of Indiana we have a total of 408 facilities/providers who are currently accredited; 198 facilities accredited by NAEYC, 139 providers accredited by NAFCC, 46 facilities accredited by NECPA, 16 facilities accredited by COA and 2 facilities accredited by ACSI.

- 8 Yes, the State/Territory has supports operating as a pilot or in a few localities but not State/Territory-wide. Describe \_\_\_\_\_
- 9 No, but the State/Territory is in the development phase
- 10 No, the State/Territory has no plans for development

- 7.7.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory The Lead Agency monitors the number of accredited programs by setting yearly goals around achieving/sustaining Accreditation. These goals are reviewed with the contractor on a monthly basis to ensure we are making progress towards successful completion of the yearly goal.

## 7.8 Program Standards

- 7.8.1 What other State/Territory or local efforts, if any, is the State/Territory supporting to develop or adopt high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development? Please describe The state's QRIS, Paths to QUALITY, has established Quality Standards for each level of the QRIS that include quality indicators for health, mental health, nutrition, physical activity, and physical development. The system identifies four (4) tiered levels of quality that each build upon the previous level. Level 1 focuses on health and safety standards. As programs progress through the levels, significant improvements in program quality are made at each stage. The QRIS program standards can be found at <http://www.in.gov/fssa/carefinder/2554.htm#>

Programs enrolled in the QRIS benefit from onsite coaching and targeted training and technical assistance on topics related to health and safety.

- 7.8.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory The Lead Agency establishes Paths to QUALITY provider advancement and level maintenance goals to measure progress in improving program quality. Programs participating in the QRIS at levels 2, 3 and 4 are rated annually by independent raters who assess a program's compliance with the quality indicators including health and safety. The number of insufficiencies is tracked in the monthly rating summary data reports and programs receive follow-up technical assistance to address any insufficiencies. Trend data is monitored to evaluate progress over time and to help focus technical assistance needs within the system.

## 7.9 Other Quality Improvement Activities

- 7.9.1 List and describe any other activities the State/Territory provides to improve the quality of child care services and describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving provider preparedness, child safety, child well-being, or entry into kindergarten. Indiana's two state-funded pre-K pilot programs, On My Way Pre-K and the Early Education Matching Grant, have expanded the enrollment of low-income four year-old children in high-quality early childhood settings. Children enrolled in these two programs will now have an opportunity to both attend pre-K and be better prepared for kindergarten. Both of these grant programs require services are provided through a



mixed delivery system which includes public schools and licensed or registered child care providers who have achieved a Level 3 or Level 4 in Paths to QUALITY™. Accredited private schools are also eligible to participate in the On My Way Pre-K program. Approved programs are monitored and rated yearly through our Paths to QUALITY system. These pre-K pilot programs have expanded the number of high quality Level 3 and Level 4 programs in Indiana and as a result have also increased the number of quality slots in Indiana for all children. Both programs require teachers to complete a pre and post ISTAR-KR Assessment (Indiana Standards Tool for Alternate Reporting of Kindergarten Readiness) for each child funded by the grant. Many programs have enrolled with Indiana Department of Education and completed assessments for all children (infant through age 5) enrolled in their program. Assessment results from ISTAR-KR can be used to determine which skills a child has mastered and to identify the skills a student needs to learn next. Both pre-K pilot programs are also statutorily required to contract for an evaluation of the program. Evaluations include assessment of the child's readiness for kindergarten and growth over the pre-K year. Additionally, the On My Way Pre-K evaluation, being conducted by Purdue University, is a longitudinal study which will follow the children to third grade and also include a control group. The recently completed evaluation of Indiana's Early Education Matching Grant Program for the 2014-15 program year was completed by the Early Childhood Center at Indiana University-Bloomington. This evaluation indicated the majority of children completing an EEMG program demonstrated age appropriate (or better) kindergarten readiness skills.

## **8 Ensure Grantee Program Integrity and Accountability**

Under CCDF, program integrity and accountability activities are grounded in the State/Territory's policies for implementing the CCDF program. For error rate activities, reviews are based on the State/Territory's own CCDF policies. The CCDBG Act of 2014 made sweeping changes to the program requirements. With these changes, the State/Territory has an opportunity to change their own policies to reduce the burden for participants and staff as they build in safeguards to maintain program integrity. For example, the new law focuses on eligibility requirements at the time of eligibility determination and allows for a minimum 12-month period of eligibility before redetermination, which lessens the need for participants to continually provide documentation. This, in turn, relieves the State/Territory from the burden of constantly "checking" on participants which can open the door for miscalculations, lost paperwork, and other errors.

Lead Agencies are required to have accountability measures in place to ensure integrity and to identify fraud or other program violations. These accountability measures should address administrative error, including unintentional agency error, as well as program violations, both unintentional and intentional. Violations may or may not result in further action by the Lead Agency, including those cases suspected of and/or prosecuted for fraud.

### **8.1 Program Integrity**



8.1.1 Describe how the State/Territory ensures that their definitions for violations have been modified, and program integrity procedures revised to reflect new requirements. The Lead Agency has updated the definitions for violations within the Office of Early Childhood and Out-of-School Learning (OECOSL) Operations Monitoring Manual to align with the changes within this State Plan response. These changes include Quality Assurances Procedures, Program Monitoring, and Compliance. For example: The Lead Agency has identified in policy what a CCDF applicant would need to update within their twelve (12) month authorization period, such as loss of service need, add/remove a family member, change in address, income over 85% SMI, one (1) million dollars in assets.

8.1.2 Describe how the State/Territory ensures that all staff are informed and trained regarding changes made to its policies and procedures to reflect new CCDF requirements. Check all that apply.

- ☒ Issue policy change notices
- ☒ Issue new policy manual
- ☒ Staff training
  - ☒ Orientations
  - ☒ Onsite training
  - ☒ Online training

☒ Regular check-ins to monitor implementation of the new policies. Describe. The Lead Agency utilizes regional CCDF Policy Consultants who oversee all CCDF Intake Agents in the state. The Consultants make monthly monitoring visits to ensure CCDF policies are consistently and accurately followed. During these visits, Consultants also provide training and technical assistance as needed. The Lead Agency also remotely monitors 100% of client files to review for accuracy. Errors that are identified are sent to the Intake Agents to correct. CCDF Policy Consultants receive reports on areas with a high rate of errors to identify ongoing training needs.

☐ Other. Describe \_\_\_\_\_

8.1.3 Describe the processes the Lead Agency will use to monitor all sub-recipients, including those described in Section 1, such as licensing agencies, child care resource and referral agencies, and others with a role in administering CCDF. The Lead Agency is responsible for ensuring effective internal controls over the administration of CCDF funds. Lead Agencies that use other governmental or non-governmental sub-recipients to administer the program must have written agreements in place outlining roles and responsibilities for meeting CCDF requirements.

All CCDF funds are awarded using the Indiana Department of Administration's procurement policy and procedures which includes competitive bids.

All sub-recipients, including those implementing quality improvement efforts and automation, have grants or contracts in place that require compliance with all State and Federal laws, rules and policies. Grantees are monitored regularly to ensure adequate progress is made toward these benchmarks. Each contract contains clearly identified

benchmarks or performance measures. Each grantee claim submitted for reimbursement requires three (3) separate reviews and approvals verifying that all expenses claimed are allowable and within budget.

Local Intake Agent practices and procedures are monitored through periodic progress reports and outcomes measurements that are reviewed to ensure that the goals of the CCDF program are being met within the established time frames. All financial documentation is reviewed at least once per year and all sub-recipients are subject to random program audits as well as mandatory annual audits. Sub-recipients also receive annual onsite monitoring visits. Each grant/contract contains clearly identified benchmarks for performance measures.

To ensure accuracy and compliance during eligibility determination, Local Intake Agents are additionally monitored as follows:

Weekly quality assurance review of data including identification of any critical errors;

Weekly quality assurance reports distributed to local entity as well as State CCDF policy staff;

Monthly quality assurance conference calls;

Bi-weekly conference calls with the following participants: all local entities, State budget/operations staff, State policy staff, and State quality assurance staff;

Scanning of family application documents for direct service vouchers;

Review of family application documents within ninety (90) days of completion or, as volume dictates, for verification;

Initial critical eligibility errors result in a monetary penalty for Intake Agents;

All ineligible applications are required to pay back all monthly case file payments paid;

Monthly random sample of parent and provider customer satisfaction surveys;

Monthly and quarterly program data reporting on data entry accuracy;

Monthly fiscal reporting;

Grantee Accuracy Report; and

If the error rate is over 3% the Intake Agent will be placed on probation for three (3) months.

Payments made to child care providers are monitored regularly through review of the swipe card data captured by the electronic payment attendance system. Swipe activity is reconciled bi-weekly. Manual reviews of provider claims that differ from the automated claim are

conducted. FSSA Audit performs provider red-flag reporting utilizing data mining to identify suspicious swipe patterns and conducts random on-site and desk review provider audits to ensure compliance with the CCDF policy and procedures.

- 8.1.3 **Definition:** “Subrecipient means a non-Federal entity that receives a subaward from a pass-through entity to carry out part of a Federal program; but does not include an individual that is a beneficiary of such program. A subrecipient may also be a recipient of other Federal awards directly from a Federal awarding agency (2 CFR 200.93). Two CFR Part 200, Subpart A provides additional information on contractors (which may be referred to as “vendors”). The description of monitoring must include, but is not limited to, a description of the written agreements used, a schedule for completing the tasks, a budget which itemizes categorical expenditures consistent with CCDF requirements and indicators or measures to assess performance. Additional items for discussion may include: fiscal management, review of policies and procedures to ensure compliance with CCDF regulations, and monitoring/auditing contractors or grantees to ensure that eligible children are served and eligibility documentation is verified.”

- 8.1.4 Describe the activities the Lead Agency has in place to identify program violations and administrative error to ensure program integrity using the series of questions below. Program violations may include intentional and unintentional client and/or provider violations as defined by the Lead Agency. Administrative error refers to areas identified through the Error Rate Review process. Lead Agencies are required to have processes in place to identify fraud or other program violations.

- a) Check which activities the Lead Agency has chosen to conduct to identify unintentional or intentional program violations.
- ☒ Share/match data from other programs (e.g., TANF, Child and Adult Care Food Program (CACFP), Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS))
  - ☒ Run system reports that flag errors (include types). Describe The Lead Agency has the ability to run a variety of Quality Assurance reports within the Indiana Child Care Information System (CCIS) and the Electronic Time and Attendance System to identify Program Violations and Administrative Errors
  - ☒ Review of enrollment documents, attendance or billing records
  - ☒ Conduct supervisory staff reviews or quality assurance reviews
  - ☒ Audit provider records
  - ☒ Train staff on policy and/or audits
  - ☐ Other. Describe \_\_\_\_\_

☐ None. Describe what measures the Lead Agency plans to put in place to address program integrity along with action steps and completion timelines \_\_\_\_\_

b) Check which activities the Lead Agency has chosen to conduct to identify administrative error.

☒ Share/match data from other programs (e.g. TANF, Child and Adult Care Food Program (CACFP), Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS))

☒ Run system reports that flag errors (include types). Describe The Lead Agency has the ability to run a variety of Quality Assurance reports within the Indiana Child Care Information System(CCIS) and Electronic Time and Attendance System to identify possible errors.

☒ Review of enrollment documents, attendance or billing records

☒ Conduct supervisory staff reviews or quality assurance reviews

☒ Audit provider records

☒ Train staff on policy and/or audits

☐ Other. Describe \_\_\_\_\_

☐ None. Describe what measures the Lead Agency plans to put in place to address program integrity along with action steps and completion timelines \_\_\_\_\_

8.1.5 Which activities (or describe under “Other”) the Lead Agency will use to investigate and collect improper payments due to program violations or administrative error as defined in your State/Territory? The Lead Agency has the flexibility to recover misspent funds as a result of errors. The Lead Agency is required to recover misspent funds as a result of fraud.

a) Check which activities (or describe under “Other”) the Lead Agency will use for unintentional program violations?

☒ Require recovery after a minimum dollar amount in improper payment. Identify the minimum dollar amount \$1.00

☒ Coordinate with and refer to other State/Territory agency (e.g., State/Territory collection agency, law enforcement)

☒ Recover through repayment plans

☒ Reduce payments in subsequent months

☒ Recover through State/Territory tax intercepts

☐ Recover through other means

☒ Establish a unit to investigate and collect improper payments. Describe. The FSSA Compliance Division investigates CCDF fraud referrals

☐ Other. Describe \_\_\_\_\_

- ☐ None. Describe what measures the Lead Agency plans to put in place to address the investigation and recovery of misspent funds due to unintentional program violations, including action steps and completion timelines \_\_\_\_\_
- b) Check which activities the Lead Agency will use for intentional program violations or fraud?
- ☒ Require recovery after a minimum dollar amount in improper payment. Identify the minimum dollar amount \$1.00
- ☒ Coordinate with and refer to other State/Territory agency (e.g. State/Territory collection agency, law enforcement)
- ☒ Recover through repayment plans
- ☒ Reduce payments in subsequent months
- ☒ Recover through State/Territory tax intercepts
- ☐ Recover through other means
- ☒ Establish a unit to investigate and collect improper payments. Describe composition of unit below
- ☒ Other. Describe Court Ordered Restitution
- ☐ None. Describe what measures the Lead Agency plans to put in place to address the investigation and recovery of misspent funds due to fraud, including action steps and completion timelines \_\_\_\_\_
- c) Check which activities the Lead Agency will use for administrative error?
- ☒ Require recovery after a minimum dollar amount in improper payment. Identify the minimum dollar amount \_\_\_\_\_
- ☒ Coordinate with and refer to other State/Territory agency (e.g. State/Territory collection agency, law enforcement)
- ☒ Recover through repayment plans
- ☒ Reduce payments in subsequent months
- ☒ Recover through State/Territory tax intercepts
- ☐ Recover through other means
- ☒ Establish a unit to investigate and collect improper payments. Describe composition of unit below
- ☒ Other. Describe. Improper payments that are identified during the Improper Payment Review process are treated as either intentional or unintentional overpayment and are subject to the same action steps as listed above under intentional/unintentional overpayments.
- ☐ None. Describe what measures the Lead Agency plans to put in place to address the investigation and recovery of misspent funds due to administrative error, including action steps and completion timelines \_\_\_\_\_

- 8.1.6 What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to program violations? The Lead Agency is required to impose sanctions on clients and providers in response to fraud.

☒ Disqualify client. If checked, please describe, including a description of the appeal process for clients who are disqualified. Depending on the nature of the program violation, clients and providers that have been identified as having committed a program violation are subject to a progressive disciplinary action. On the first occurrence of a program violation, clients and providers will receive a warning letter. Both may be required to attend additional training on CCDF policies and procedures and will be required to sign an updated family/client agreement. Providers may be required to submit a Plan of Correction. Both clients and providers are also subject to required repayments. Subsequent or serious violations may result in termination and/or prosecution as appropriate.

The Intake Agent must inform the applicant of the Parent Appeal Process at the time of initial application and at each re-determination. When any adverse action is taken, such as denial, termination or increased co-pay, there is a three (3) step appeal process.

**STEP 1:**

Within **ten (10) calendar days** of receipt of Adverse Action letter, the applicant must send written request for appeal to the local Intake Agent Supervisor. The Intake Agent has **ten (10) calendar days** to review the request and respond in writing. This response must provide information on the next step in the appeal process. The Intake Agent will document research to support any decision made. The documentation shall be placed into the parent file.

**STEP 2:**

If the applicant is not satisfied with the decision of the Intake Agent Supervisor, the applicant must send written request for appeal to the Office of Early Childhood and Out of School Learning (OECOSL) CCDF Policy Manager within **fifteen (15) calendar days** of receipt of the denial letter from the Intake Agent Supervisor. The CCDF Policy Manager has **fifteen (15) calendar days** to review the request and respond in writing. This response must provide information on the next step in the appeal process.

**STEP 3:**

If the applicant is not satisfied with the decision of the CCDF Policy Manager, they have **fifteen (15) calendar days** from receipt of letter from the CCDF Policy Manager to submit a final written request for appeal to the OECOSL Director. The OECOSL Director has **fifteen (15) calendar days** to review the decision of the CCDF Policy Manager and respond in writing.

Providers who are required to make a repayment due to a program violation have the following appeal rights.

Level I– OECOSL CCDF Policy Manager

1. Submit a written request for appeal of the determined repayment, with appropriate supporting documentation, to the OECOSL CCDF Policy Manager.



Appeals must be received within thirty (30) days of the date of repayment notification.

2. The appeal will be reviewed by the OECOSL CCDF Policy Manager and a written decision, to approve, deny or partially approve, will be provided within thirty (30) days of receipt of the appeal. The OECOSL CCDF Policy Manager may also request additional supporting documentation be provided. In the event that additional documentation is requested, a written decision will be provided within thirty (30) days of the receipt of the documentation.
3. If the recipient/provider does not submit a written appeal to the OECOSL CCDF Policy Manager within the 30-day time frame, a certified letter will be issued to the recipient/provider explaining the actions that will be taken to recover the repayment.

Level II – OECOSL Director

1. If the recipient/provider receives an adverse decision to the Level I appeal, a Level II appeal may be requested within thirty (30) days of receipt of the OECOSL CCDF Policy Manager's decision. This appeal must be submitted in writing to the OECOSL Director.
2. The Level II appeal will be reviewed by the OECOSL Director and a written decision will be provided the recipient/provider within ninety (90) days of receipt of the appeal. The decision of the OECOSL Director is final.

☒ Disqualify provider. If checked, please describe, including a description of the appeal process for providers who are disqualified. Providers found to have committed repeated or serious program violations may be disqualified from participation in the CCDF program. In situations where OECOSL takes adverse action for program violations against a provider that affects their ability to participate in the CCDF program, the following two step appeal process is available:

**STEP 1:**

Within **fifteen (15) calendar days** of receipt of suspension notice, the provider must send a written request for an informal meeting with the Office of Early Childhood and Out of School Learning (OECOSL):

The OECOSL Director has **fifteen (15) calendar days** to review the request and respond.

**STEP 2:**

If the provider is not satisfied with the decision of the OECOSL Director, the provider has **fifteen (15) calendar days** to submit a final written request for a hearing.

☒ Prosecute criminally

☐ Other. Describe